

Team Donation Form

Thank you for donating to the 2013 Shoppers Drug Mart® Weekend to End Women's Cancers™ benefiting The Campbell Family Institute at The Princess Margaret.



Donor Information

Name _____ Email _____
 Address _____
 City _____ Province _____ Postal Code _____

Please mail this form with your donation to this address:

**Princess Margaret Hospital
 The Weekend to End
 Women's Cancers
 PO Box 3900 STN DON MILLS
 Toronto ON M3C 4C3**

Or donate online at endcancer.ca

Who are you donating to?

| Team Member | Participant Number (if available) | Amount of Donation |
|-------------|-----------------------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- All donations will be credited in Canadian dollars. We cannot accept cash donations.
- Donations are processed as an individual donation for each person listed, and you will receive separate tax receipts for each donation.
- If you donate \$10 or more, you will receive a tax receipt.
- All donations are 100% tax deductible, non-refundable and non-transferable.
- Ask your company if they provide matching gifts for donations.

For additional names, please use additional sheet.

Note: Please make sure the breakout of donations to each team member adds up to the total.

Page 1 Total:

Page 2 Total:

Final Total:

Name of Team You're Sponsoring _____

Select between two easy payment options.

- Personal Cheque** Single payment in full only. Please make cheques payable to: The Weekend to End Women's Cancers. Include participant name and number on all cheques.
- Credit Card** Single or monthly payments. Your monthly statement(s) will read The Weekend to End Women's Cancers. Payments commence immediately upon the processing of this form by the donation office.

Card Number

Exp

Cardholder Name _____

Visa Mastercard Amex

Cardholder Signature _____

