



# DONATION FORM

Completed forms and donations must be returned by September 27, 2019 to the QEII Foundation (Park Lane Mall: 5657 Spring Garden Road, M3, Park Lane Terrace)

\*= mandatory information. Must provide full mailing address in order for tax receipt to be issued. (Please note: As per CRA rules, tax receipts will NOT be issued for team/general fundraising – i.e. bake sales, ticket sales, casual days, etc.)

## DONOR INFORMATION

Title: \_\_\_\_\_ First name: \* \_\_\_\_\_ Last name: \* \_\_\_\_\_  
 Company name (for corporate donations only): \_\_\_\_\_  
 Email: \* \_\_\_\_\_ Phone #: \* \_\_\_\_\_  
 Number, Street, Apt/Suite: \* \_\_\_\_\_  
 City, Province: \* \_\_\_\_\_ Postal Code: \* \_\_\_\_\_  
 Name of Participant or Team Being Pledged: \_\_\_\_\_  
 Donation Amount: \*  \$25  \$40  \$50  \$75  \$100  Other: \_\_\_\_\_

## ONLINE RECOGNITION

- Yes, I want my name to appear in the Honour Roll featured on the participant's/team's web page.
- Yes, I want my donation amount to be included under my name in the Honour Roll.

## METHOD OF PAYMENT\*

- Cash (enclosed)  Cheque (enclosed)  Credit card (all remaining fields are mandatory)
- (Please note: Please make cheques payable to "QEII Foundation - Ride for Cancer")*

## CREDIT CARD INFORMATION

Card type:  Visa  MasterCard  American Express  Discover  
 Card number: \_\_\_\_\_ Expiry Date (mm/yy): \_\_\_\_\_  
 Cardholder name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Billing Address (if different than address listed above)  
 Number, Street, Apt/Suite: \* \_\_\_\_\_  
 City, Province: \* \_\_\_\_\_ Postal Code: \* \_\_\_\_\_