



# DONATION FORM

**Completed forms and donations must be returned by September 26, 2025 to the QEII Foundation**

(Park Lane Mall: 5657 Spring Garden Road, M3, Suite 3005, Halifax, B3J 3R4)

\*= Mandatory information. Must provide full mailing address of the donor 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 and donation amount to appear in the Honour Roll on the participant's/team's web page.

Name to appear on Honour Roll as: \_\_\_\_\_

## METHOD OF PAYMENT\*

**Cash** (enclosed)  **Cheque** (enclosed)  **Credit card** (all remaining fields are mandatory)

*(Please note: Please make cheques payable to "QEII Foundation – BMO Ride for Cancer.")*

## CREDIT CARD INFORMATION

Card type:  Visa  MasterCard  American Express  Discover

Card number: \_\_\_\_\_ Expiry Date (mm/yy): \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Signature: \_\_\_\_\_

Number, Street, Apt/Suite: \* \_\_\_\_\_

City, Province: \* \_\_\_\_\_

Postal Code: \* \_\_\_\_\_