



DONATION FORM

Completed forms and donations must be returned by September 30, 2026 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:* _____

YourRideForCancer.ca

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HEALTH SCIENCES CENTRE
FOUNDATION