Donation Form

Thank you for donating to the 2016 OneWalk™ to Conquer Cancer benefiting Princess Margaret Cancer Centre.

Rexall OneWalk™ TO CONQUER CANCER
PRINCESS MARGARET CANCER CENTRE

Who are you donating to?

Name _____ Participant Number _____

Print your name clearly, as you wish it to appear on your tax receipt.

First Name _____ Last Name _____

Company Name (for business donations) _____

Address _____

City _____ Province _____ Postal Code _____

Email (to receive tax receipt by email) _____

Phone (mandatory for credit card payments) _____

In order to receive important OneWalk information including event updates, training and fundraising tips, and information on how funds raised are being used, you need to OPT-IN to communications. You may withdraw your consent and opt-out at any time.

Please send me OneWalk updates, news and information and other commercial messages via (select all that apply):

- ○ Email
- ○ Robocall
- ○ SMS message

Choose your level of donation.

We're grateful for anything you can give. Every dollar counts in the fight to save lives!

- ○ **Honorary Walker** **$2,000**
- ○ **Hero** **$1,000**
- ○ **Inspiration** **$500**
- ○ **Hope** **$250**
- ○ **Supporter** **$150**
- ○ **Friend** - (any amount) **$**_____

☐ **Payments Over Time**

_____ monthly payments of $ _____
(Monthly payments must be $25 or higher and cannot extend beyond Dec. 31, 2016.)

Please enter your name or message as you would like it to appear on the participant's Honour Roll.

_____

☐ I prefer not to show the amount of my gift on the participant's Honour Roll.
☐ I do not want my name to appear on OneWalk website.

Select between two easy payment options.

○ **Personal Cheque** Single payment in full only. Please make cheques payable to: OneWalk to Conquer Cancer. Include participant name and number on all cheques.

○ **Credit Card** Single or monthly payments. Your monthly statement(s) will read OneWalk to Conquer Cancer. Payments commence immediately upon the processing of this form by the donation office.

Card Number _____ Exp _____

Cardholder Name _____ ○ Visa ○ Mastercard ○ Amex

Cardholder Signature _____

Please mail this form with your donation to this address:

OneWalk to Conquer Cancer
PO Box 3900 STN DON MILLS
Toronto ON M3C 4C3

Or donate online at **onewalk.ca**

- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars. We cannot accept cash donations.
- If you donate $10 or more, you will receive a tax receipt.
- All donations are non-refundable and non-transferable.
- Ask your company if they provide matching gifts for donations.