

# Team Donation Form



Thank you for donating to the 2014 Pharmaprix<sup>SM</sup> Weekend to End Women's Cancer benefiting the Segal Cancer Centre at the Jewish General Hospital.

## Donor Information

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Please mail this form with your donation to this address:

**The Jewish General Hospital**  
**PO Box 219 STN St. Jacques**  
**Montreal QC H3C 2S1**

Or donate online at [endcancer.ca](http://endcancer.ca)

## Who are you donating to?

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

For additional names, please use additional sheet.

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

Name of Team You're Sponsoring \_\_\_\_\_

Page 1 Total:

Page 2 Total:

**Final Total:**

- 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.

## 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 \_\_\_\_\_

