



DONATION FORM

Event Name: _____

DONOR INFORMATION Mailing address is required for official tax receipt - including electronic receipts.

PLEASE PRINT

First Name: _____

Last Name: _____

If this is a business donation and you would like the tax receipt in your company name, please provide company info instead of personal.

Company Name: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Phone # Home: _____

Mobile: _____

or Work: _____

*** I wish to help save on postage costs and receive all tax receipts electronically:**

Email: _____

PAYMENT INFORMATION:

Enclosed is my/our gift of: \$ _____ (Tax receipts automatically sent for gifts of \$15 or more.)

Please make your cheque payable to the CancerCare Manitoba Foundation.

FOR CREDIT CARD PAYMENTS

Card #: _____

Card Holder Name: _____

Signature: _____

Expiry Date: _____ / _____

PLEASE RETURN THIS FORM TOGETHER WITH PAYMENT TO:

CancerCare Manitoba Foundation

1160-675 McDermot Ave

Winnipeg, MB R3E 0V9

Fax: 204-786-0627

Phone: 204-787-4177 (outside Winnipeg 1-877-407-2223)

For our Privacy Policy, please visit cancercarefdn.mb.ca

THANK YOU FOR SUPPORTING MANITOBANS IMPACTED BY A CANCER DIAGNOSIS.

WE WOULD LIKE TO KEEP IN TOUCH.

Please check one of the following options:

- Only send me the Impact Report and biannual newsletters
- Please do not send me further mail
- I do not wish for my donation to be publicly recognized

* By providing your email address you will receive electronic communications from the Foundation. You can update your preferences or cancel your subscription from any email or by calling the Foundation.