

Donation Form

Thank you for donating to the 2015 Shoppers Drug Mart® OneWalk™ to Conquer Cancer benefiting 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

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.

Choose your level of donation.

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

- | | |
|---|---|
| <input type="radio"/> Honorary Walker \$2,000 | <input type="checkbox"/> Payments Over Time |
| <input type="radio"/> Hero \$1,000 | _____ monthly payments of \$ _____ |
| <input type="radio"/> Inspiration \$500 | (Monthly payments must be \$25 or higher and cannot extend beyond Dec. 31, 2015.) |
| <input type="radio"/> Hope \$250 | |
| <input type="radio"/> Supporter \$150 | |
| <input type="radio"/> Friend (any amount) \$ _____ | |

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 _____