Multiple Myeloma

M-Moving Together Toward the Cure

2009 5K YOUR WAY! TO CONQUER CANCER

The Princess Margaret Hospital Foundation
University Health Network

Please mail this form with your donation to:
The Princess Margaret Hospital Foundation
610 University Ave
Toronto, ON M5G 2M9

OR donate online at:
www.mm5kwalk.ca

For more information please call the
5K YOUR WAY HOTLINE: 416.946.6584

SINGLE DONOR PLEDGE FORM

Cheque or Credit Card Only

ALL CHEQUES must have "MM 5K" in the memo area.

- Each cheque must come with its own donation form
- All donations will be credited in Canadian dollars.
- We cannot accept cash donations.
- All donations over $15 will receive a tax receipt.
- Ask your company if they provide matching gifts for donations.

Name of Participant you are Sponsoring

M-MOVING TOGETHER TOWARD THE CURE
Name of Team you are Sponsoring

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

First Name _____ Last Name _____

Company Name (for business donations only) _____

Mailing Address _____

Phone Number (mandatory for credit card payments) _____ Email Address (to receive receipt by email) _____

Specify Your Donation

We are grateful for anything you can give. Every dollar counts!

_____ **$25** _____ **$50** **Other Amount**

_____ **$100** _____ **$200** **$** _____

_____ **$250** _____ **$500**

_____ Do not show the amount of my gift on the participants Honour Roll
_____ Do not include my name in any Princess Margaret Hospital Foundation publications
_____ Please include the following message on the participants online Honour Roll:

_____ **Paid in Full**
_____ **Payment Over Time**
_____ **Monthly Payment of**

$ _____

Monthly payments must be $25 or higher and cannot be extended beyond December 31, 2009

Payment Options

1) **Personal cheque** (single payment in full)**. Please make cheque payable to: Princess Margaret Hospital Foundation and indicate on the cheque MM5K.**

2) **Credit card** (single or monthly payments) ____ **VISA** ____ **MasterCard** ____ **AMEX**

Card Number _____ Expiry Date _____

Signature _____ Date _____

Payments commence immediately upon the processing of this form by the Donations Office.

Donations are non refundable and non transferable.

All Donations will be charged in Canadian dollars.

PRIVACY NOTE: The Princess Margaret Hospital Foundation respects your privacy. We do not trade, rent or sell the names of our valued supporters. Should you wish to be removed from our fundraising list(s), please contact us at 416.946.2114 or email us at list.removal@pmhf.ca

Thank you for supporting The Princess Margaret! Charitable Number 88900 7597 RR 0001

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