



The Princess Margaret
Hospital Foundation

HARRY'S SPRING RUN-OFF DONATION FORM

Name of Participant You're Supporting: _____

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

First Name

Last Name

Company Name

Suite/Apt. No.

Mailing Address

City

Province

Postal Code

Phone (Mandatory for Credit Card Payments)

Email Address (To receive tax receipt by email)

Donation Amount \$ _____

Check this box if you prefer not to show the amount of your gift on the participant's Honour Roll.

Payment Options

Personal Cheque – Please make cheques payable to: Princess Margaret Hospital Foundation

Credit Card: Visa MasterCard Amex

Card Number

Expiry Date

Signature

Please mail this form with your donation to:

c/o The Princess Margaret Hospital Foundation

610 University Avenue Toronto ON M5G 2M9

Fax: 416.946.6563

If you have any questions, please contact a member of our team at (416) 946-6584 or harrysrun@pmhf.ca

www.harrysrun.ca

Tax receipts are issued for donations of \$15 or more.

Charitable Number 88900 7597 RR0001

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