HARRY'S SPRING RUN-OFF DONATION FORM

Name of Participant You're Supporting: JAMES HOGARTH

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 Nancy Jordan at (416) 946-2353 or nancy.jordan@pmhf.ca

Please visit http://www.canadarunningseries.com/springrunoff for full event details

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 to be removed from our fundraising list(s), please contact us at 416.946.2114 or email us at list.removal@pmhf.ca