

Challenge for Life

Please mail this form to: CancerCare Manitoba Foundation
 675 McDermot Ave Rm ON1160 Winnipeg, Manitoba R3E 0V9
 To donate online, visit www.challengeforlife.ca or call 927-5433

2009 DONATION FORM

Name of Challenger you are supporting:

Walker ____ Crew ____

Print your name clearly in the format that you want it to appear on your tax receipt.

First Name _____ Last Name _____

Company Name for business donations _____

Mailing Address _____

City/Province _____ Postal Code _____

Phone (Mandatory for credit card payments) _____

Email Address (to receive tax receipt by mail) _____

Please check here if you prefer to make this an anonymous donation.

Enclosed is my/our gift of \$ _____ Tax receipts are mailed for gifts of \$10 or more.

Make your cheque payable to the Challenge for Life or charge my credit card Visa Mastercard

Account # _____ Exp. Date _____

Signature _____ Date _____

To register for the Challenge for Life www.challengeforlife.ca Or call (204) 927-LIFE (5433)

We would like to keep in touch. Please check one of the following options.

Please Keep me informed on all fundraising activities

Please mail newsletters only.

Please do not send any further mail or contact me.

Our privacy policy can be found at www.cancercare.mb.ca