

2006 Winnipeg Donation Form



BENEFITING



Please mail this form with your donation to:

CancerCare Manitoba Foundation

P.O. Box 1497, Station Main, Winnipeg, MB R3C 2Z4

Or donate online at www.endcancer.ca.

- Mail donations to the address above. Do not send donations to The Weekend to End Breast Cancer™ office.
- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars. We cannot accept cash donations.
- All donations are 100% tax deductible, and are non-refundable and non-transferable. If you donate \$10 or more, you will receive a tax receipt in the mail.
- Ask your company if they provide matching gifts for donations.
- Do not alter form. Doing so will cause a delay or return of the donation.

Mr. Clifford Joseph Murphy

600695-6

Name of Participant You're Sponsoring

Participant ID Number

1. 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			Suite/Apt. No.
City	Province/State	Postal Code/ZIP	
Phone (Mandatory for Credit Card Payments)	Email Address (To receive tax receipt by email)		<input type="checkbox"/> I do not wish to be put on any Weekend to End Breast Cancer mailing lists.

PROUDLY
SPONSORED BY:



For what matters

For more information about CancerCare Manitoba Foundation, please visit www.cancercare.mb.ca.

2. Choose Your Level of Donation

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

- | | |
|---|---|
| <input type="checkbox"/> Honourary Walker . \$2,000 | <input type="checkbox"/> Hope \$250 |
| <input type="checkbox"/> Hero \$1,000 | <input type="checkbox"/> Supporter \$150 |
| <input type="checkbox"/> Inspiration \$500 | <input type="checkbox"/> Friend \$ _____
(any amount) |

Please enter your name or message as you would like it to appear on the participant's Honour Roll. _____

Please check here if you prefer to make this an anonymous donation. The participant will still see your contact information but your name will not be displayed.

- Paid In Full**
- Payment Over Time**

_____ monthly payments
of \$ _____ (amount)
(Monthly payments must be \$25 or higher and cannot extend beyond Dec. 31, 2006.)

3. Two Easy Payment Options

Credit card only for monthly payments over time.

1. Personal Cheque (Single payment in full. We cannot accept monthly payments over time with cheques.)

Please make cheques payable to The Weekend to End Breast Cancer.

Please include participant name and participant number on all cheques. All donations will be credited in Canadian dollars.

2. Credit Card (Single Payment or Monthly Payments) **Visa** **MasterCard**

Account #	Exp. Date
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IMPORTANT: Your monthly statement(s) will read The Weekend to End Breast Cancer. Payments commence immediately upon the processing of this form by the Donation Office. Donations are non-refundable and non-transferable. All donations will be charged in Canadian dollars.

Signature

Date

To register, or for more information about The Weekend to End Breast Cancer, please visit www.endcancer.ca or call us at (204) 256-WALK (9255).