ENBRIDGE TOUR ALBERTA FOR CANCER

Alberta Cancer FOUNDATION

2024

TEAM DONATION FORM

Thank you for donating to the 2024 Enbridge Tour Alberta For Cancer benefiting the Alberta Cancer Foundation

PRINT YOUR NAME CLEARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RECEIPT

First Name _____ Last Name _____

Company Name (for business donations) _____

Address _____

City _____ Province _____ Postal Code _____

Email (to receive tax receipt by email) _____

Phone (mandatory for credit card payments) _____

* This donation is part of a collection, proceeds from a fundraising event, bottle drive, or any other group contribution.
* Note: A non-charitable receipt will be issued for all donations of this type (collections with more than one contributor).

WHO ARE YOU DONATING TO?

Team Member	Participant Number (if available)	Amount of Donation

For additional names, please use additional sheet.

Note: Please make sure the breakout of donations to each team member adds up to the total.

Page 1 Total: _____

Page 2 Total: _____

Final Total: _____

Name of Team You're Sponsoring _____

Please mail this form with your donation to this address:

Enbridge Tour Alberta for Cancer
710 - 10123 99ST NW
Edmonton AB T5J3H1

Or donate online at **TourAlbertaForCancer.ca**

- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars. We cannot accept cash donations.
- Donations will be listed for each member of the team, and one consolidated receipt will be issued to the donor.
- All donations are 100% tax deductible, tax receiptable (if you donate $15 or more), non-refundable and non-transferable.
- Ask your company if they provide matching gifts for donations.

For more information about the Alberta Cancer Foundation, please visit **albertacancer.ca**

From Lethbridge to Fort McMurray, Albertans helping Albertans.

SELECT BETWEEN TWO EASY PAYMENT OPTIONS

☐ Personal Cheque — Single payment in full only. Please make cheques payable to: Enbridge Tour Alberta for Cancer. Include participant name and number on all cheques.

☐ Credit Card — Single or monthly payments. Your monthly statement(s) will read Alberta Cancer Foundation. Payments commence immediately upon the processing of this form by the donation office.

Card Number _____ Exp _____ CVV _____

Card Name _____ Card Holder Signature _____

☐ Visa ☐ Mastercard ☐ Amex

ENBRIDGE TOUR ALBERTA FOR CANCER

Alberta Cancer FOUNDATION

DONOR INFORMATION

Name _____ Email _____

ADDITIONAL NAMES

Team Member	Participant Number (if available)	Amount of Donation

Page 2 Total: _____

Title Sponsor ENBRIDGE

TourAlbertaForCancer.ca | 780-643-4584

PRIVACY NOTICE: The Tour respects your privacy. We do not rent or sell donor names. You may opt out of our mailing list at any time by contacting 780-643-4584 or touralberta@albertacancer.ca