



# DONATION FORM

THANK YOU FOR MAKING A DONATION TO THE GREAT CYCLE CHALLENGE CANADA TO BENEFIT SICKKIDS.

## I WOULD LIKE TO SUPPORT:

Participant Name \_\_\_\_\_

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name (if business donation) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

No, I would not like to receive periodic communication from SickKids Foundation

## DONATION AMOUNT




- \$25                       \$50  
 \$100                       \$250  
 \$500                       \$1,000  
 Other (please insert amount): \$ \_\_\_\_\_

Please enter your message as you would like it to appear on the participant's challenge page.

\_\_\_\_\_

I do not want my name published on the Great Cycle Challenge website

## PAYMENT METHOD

Please charge my donation by credit card:      

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_MM\_\_ / \_\_\_\_YY\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

Please mail this form along with your donation to:

GREAT CYCLE CHALLENGE CANADA  
c/o SickKids Foundation  
525 University Avenue  
14th Floor  
Toronto, ON M5G 2L3

Or make your donation online at [GreatCycleChallenge.ca](http://GreatCycleChallenge.ca)

- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars. Please do not send cash donations.
- Tax receipts will be provided for donations of \$20 or more.
- All donations are non-refundable and non-transferable.
- Ask your company if they provide matching gifts

Please find my **cheque** enclosed, made payable to SickKids Foundation. Include participant name on all cheques.