

Project Ponytail

... Is a group that manages and runs third party fundraising events to raise money for deserving, not for profit organizations. Our mandate is to help improve the quality of life of those suffering from cancer related illnesses through our fundraising efforts. Our current goal is raising funds for the oncology unit of the Lakeshore General Hospital and providing support to the West Island Cancer Wellness Center.

Donor Information (please print or type)

Name	
Billing address	
City / Province / Postal Code	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$ _____ to be paid:
___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of:
___ cash ___ cheque ___ credit card ___ other.

Gift will be matched by _____ (company/family/foundation).
___ Form enclosed ___ Form will be forwarded

For donations by Credit Card, please email Stephen@projectponytail.com and an official credit card form will be sent to you by mail.

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

--

___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

West Island Cancer Wellness Center
489 Beaconsfield Boulevard
Beaconsfield, QC H9W 4C3

or

Lakeshore General Hospital Foundation
160 Stillview, Suite 5209
Pointe-Claire, Quebec H9R 2Y2