



# RIDING TO FIGHT KIDS' CANCER

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

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Donor Name (Please print clearly)	Email	Address, City, Province	Postal Code	Phone #	Donation \$	PAID Cash or Cheque
Registered Charitable Organization Number: 10808 4419 RR0001					Total Collected	\$

Please mail this form along with your donation(s) to:  
 GREAT CYCLE CHALLENGE CANADA, C/O SickKids Foundation,  
 525 University Avenue, Suite 835, Toronto, ON M5H 2L3

Please complete all fields and enclose all associated payments prior to mailing. Cheques made payable to SickKids Foundation. Include participant name on all cheques.

