





Collected

RIDING TO FIGHT KIDS' CANCER

Participant Name: Participant Address:			Participant Email: Participant Phone:				
Donor Name (Please print clearly)	Email	Addre	ess, City, Province	Postal Code	Phone #	Donation \$	PAID Cash or Cheque
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Please mail this form along with your donation(s) to: GREAT CYCLE CHALLENGE CANADA, C/O SickKids Foundation, 525 University Avenue, Suite 1400, Toronto, ON M5G 2L3

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

