WORKOUT TO CONQUER CANCER | BC CANCER FOUNDATION

DONATION FORM

Abby Verigin

Name of participant or team you are supporting

2114   1803

Participant ID number (for administration purposes, not required)

1. Please Print Clearly

☐ Individual Donation   ☐ Corporate Donation

_____
Company name (for Corporate donations only)

_____
First Name   Last Name

_____
Mailing Address

_____
City   Province   Postal Code

_____
Phone Number (mandatory for credit card payments)   Email

2. Select a Donation Amount and Payment Option

☐ $250 Stronger Together   ☐ $50 Break a Sweat   ☐ $30 Rest Day Pass

☐ $100 Pushing Limits   ☐ $25 Keep Moving   ☐ Freestyle $_____

☐ Please make cheques payable to **BC CANCER FOUNDATION** and include "Workout to Conquer Cancer" as well as the participants name in the memo line on all cheques

☐ Visa   ☐ MasterCard   ☐ American Express   ☐ Cash

_____
Card Number   Expiry (mm/yy)

_____
Cardholder Name   Signature

3. Personalize Your Donation

How would you like your name to appear on the participant's honour roll?
_____

☐ Yes, you can display the amount of my donation publicly.

☐ Please this donation anonymous.

www.workouttoconquercancer.ca