

## DONATION FORM

|  |  |                                   | Please mail this form or drop off with your donation to:   |
|--|--|-----------------------------------|--|
| Josie Yu   |  |                                   | PC Cancer Foundation   |
| Name of participant or team you are supporting 2213 1355 |  | supporting                        | <ul> <li>BC Cancer Foundation</li> <li>686 W Broadway, Suite 150</li> <li>Vancouver, BC V5Z 1G1</li> </ul> |
|  |  | 355                               |  |
|  |  | ation purposes, not required)     | Attention to: Workout to Conquer Cancer  |
|  |  | ation purposes, not required)     | You can also donate online at <b>workouttoconquercancer.ca</b>   |
|  | wint Clearly   |                                   |  |
| 1. Please r  | rint Clearly   |                                   |  |
| Individual Do  | onation Corporat   | e Donation                        |  |
| Company name   | e (for Corporate donatio                                   | ns only)                          |  |
| First Name Last Name                                     |  | Last Name                         |  |
| Mailing Address  |  |                                   |  |
|  |  |                                   |  |
| City   |  |                                   | Province Postal Code   |
| Phone Number   | (mandatory for credit c                                    | ard payments) Email               |  |
|  |  |                                   |  |
| 2. Select a  | Donation Amour   | nt and Payment Option             |  |
| □ \$250 Stror  | nger Together  | \$50 Break a Sweat                | \$30 Rest Day Pass   |
| □ \$100 Pushi  | ing Limits   | □ \$25 Keep Moving                | Freestyle \$   |
|  | e cheques payable to <b>BC</b><br>e memo line on all chequ |                                   | and include "Workout to Conquer Cancer" as well as the participants  |
| □Visa  | ☐ MasterCard   | American Express                  | □ Cash   |
| Card Number  |  |                                   | Expiry (mm/yy)   |
| Cardholder Name  |  |                                   | Signature  |
|  |  |                                   | -16. March   |
| 3. Persona   | lize Your Donatio  | n                                 |  |
| How would you  | ı like your name to appe                                   | ar on the participant's honour ro | 511?   |

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

Please this donation anonymous.

**Personal Note:** Mail donations to the address above. Each cheque must come with its own donation form. All donations will be credited in Canadian dollars. All donations over \$10 will receive a tax receipt in the mail. Donations are non-refundable and non-transferable.

**Privacy Notice:** The BC Cancer Foundation is committed to protecting your privacy. For more information about our privacy policy, go to www. bccancerfoundation.com or contact us at 1.888.906.2873 or bccfinfo@bccancer.bc.ca. Charitable Registration Number 11881 8434 RR0001