

DONATION FORM

		Please mai	l this form or drop	off with your donation to:
Jackie and Murphy		BC Cancer	⁻ Foundation	
Name of participant or team you are supporting		686 W Broadway, Suite 150		
2301 130		Vancouver, BC V5Z 1G1		
Participant ID number (for administration	ourposes not required)	Attention to	: Workout to Conqu	ier Cancer
randopant ib number (for administration	purposes, not required)	You can al	so donate online a	t workouttoconquercancer.ca
				woncourteenquereancer.ea
I. Please Print Clearly				
Individual Donation Corporate Do	nation			
Company name (for Corporate donations on	ly)			
First Name	Last Name			
Mailing Address				
City		Province	Postal Code	
Phone Number (mandatory for credit card pa	ayments) Email			
2. Select a Donation Amount an	nd 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 CAI name in the memo line on all cheques	NCER FOUNDATION	and include "W	orkout to Conquer (Cancer" as well as the participants
□Visa □ MasterCard	American Express		ash	
Card Number		Expiry (mm/yy)		
Cardholder Name		Signature		
3. Personalize Your Donation				

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

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

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