

DONATION FORM

		Please mail this form or drop off with your donation to:
Ryan & Amanda Ebbett		DC Canada Esuadation
Name of participant or team you are supporting		BC Cancer Foundation 686 W Broadway, Suite 150
		Vancouver, BC V5Z 1G1
2615 34		Attention to: Workout to Conquer Cancer
Participant ID number (for administra	tion purposes, not required)	
		You can also donate online at workouttoconquercancer.ca
I. Please Print Clearly		
Individual Donation Corporate	Donation	
Company name (for Corporate donation	s only)	
First Name	Last Name	
Mailing Address		
City		Province Postal Code
Phone Number (mandatory for credit ca	rd payments) Email	
2 Calasta Denstion Amoun		
2. Select a Donation Amoun	t and Payment Option	1
\$250 Stronger Together	\$50 Break a Sweat	\$30 Rest Day Pass
\$100 Pushing Limits	\$25 Keep Moving	Freestyle \$
Please make cheques payable to BC name in the memo line on all cheque		and include "Workout to Conquer Cancer" as well as the participants
□Visa □ MasterCard	American Express	□ Cash
Card Number		Expiry (mm/yy)
Cardholder Name		Signature
3. Personalize Your Donation	4	
5. Fersonalize Tour Donation	4	
How would you like your name to appea	r on the participant's honour ro	511?

 $\hfill\square$ Yes, you can display the amount of my donation publicly.

 $\hfill\square$ 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