

DONATION FORM

Please mail this form or drop off with your donation to:

Suzy Buckley			BC Cancer Foundation			
Name of participar	nt or team you are so	upporting	686 W Br	oadway, Suite 150		
2706	413	3		er, BC V5Z 1G1	Constant	
Participant ID number (for administration purposes, not required)			Attention to: Workout to Conquer Cancer You can also donate online at workouttoconquercancer.ca			
I. Please Print	Clearly					
☐ Individual Donatio	n Corporate	Donation				
Company name (for C	Corporate donations	only)				
First Name		Last Name				
Mailing Address						
City			Province	Postal Code		
Phone Number (man	datory for credit car	d payments) Email				
2. Select a Dor	nation Amount	and Payment Option	n			
□ \$250 Stronger T	ogether	□ \$50 Break a Sweat		l \$30 Rest Day Pass		
□ \$100 Pushing Lin	nits	□ \$25 Keep Moving] Freestyle \$		
	ues payable to BC (o line on all cheques	CANCER FOUNDATION	and include "V	Vorkout to Conquer	Cancer" as well as the pa	ırticipants
□Visa	MasterCard	☐ American Express		Cash		
Card Number					Expiry (mm/yy)	
Cardholder Name			Signature			
3. Personalize	Your Donation	1				
How would you like y	our name to appear	on the participant's honour i	roll?			
	y the amount of my	donation publicly.				
☐ Please this donation						

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

dollars. All donations over \$10 will receive a tax receipt in the mail. Donations are non-refundable and non-transferable.

Personal Note: Mail donations to the address above. Each cheque must come with its own donation form. All donations will be credited in Canadian