

l - - - - - - | !-- - Ol- - - -

## DONATION FORM

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

Jacqueline Chang			BC Cance	er Foundation		
Name of participant or team you are supporting			686 W Broadway, Suite 150			
2985	954			er, BC V5Z 1G1		
Participant ID number (for administration p		urposes, not required)	- Attention t	to: Workout to Con	quer Cancer	
<u> </u>			You can a	ilso donate online	at workouttoconq	uercancer.ca
I. Please Print C	learly					
☐ Individual Donation	Corporate Don	ation				
Company name (for Cor	porate donations only	<b>'</b> )				
First Name	L	ast Name				
Mailing Address						
City			Province	Postal Code		
Phone Number (mandate	ory for credit card pay	rments) Email				
,	, , ,	,				
2. Select a Donat	tion Amount and	d Payment Optio	n			
□ \$250 Stronger Toge	ether	☐ \$50 Break a Sweat		30 Rest Day Pas	s	
☐ \$100 Pushing Limits		□ \$25 Keep Moving		Freestyle \$		
Please make cheques		CER FOUNDATION	and include "V	Vorkout to Conque	r Cancer" as well as t	:he participants
□Visa □ Ma	sterCard	American Express		Cash		
Card Number					Expiry (mm/yy)	
ardholder Name		Signature				
3. Personalize You	ur Donation					
How would you like you	r name to appear on t	the participant's honour	roll?			
<ul><li>Yes, you can display t</li></ul>	he amount of my dona	ation publicly.				
☐ Please this donation a	•					

**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