

DONATION FORM

			Please mail this form or drop off with your donation to:	
Rob Pie	rri		BC Cancer Foundation	
Name of participant or team you are supporting			686 W Broadway, Suite 150	
2997 6		30	Vancouver, BC V5Z 1G1	
			Attention to: Workout to Conquer Cancer	
Farticipant i		ation purposes, not required)	You can also donate online at workouttoconquercancer.ca	
L Dissos				
I. Please	Print Clearly			
Individual D	Oonation Corporat	te Donation		
Company name	e (for Corporate donatio	ns only)		
First Name Last Name		Last Name		
Mailing Address	S			
City			Province Postal Code	
Phone Number	r (mandatory for credit c	ard payments) Email		
2. Select a	a Donation Amou	nt and Payment Option		
\$250 Stronger Together		\$50 Break a Sweat	■ \$30 Rest Day Pass	
□ \$100 Push		□ \$25 Keep Moving	□ Freestyle \$	
L \$100 Tusi				
	e cheques payable to BC 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	
3. Persona	alize Your Donatio	n		
How would yo	ou like your name to appe	ear on the participant's honour re	oll?	

□ 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