

DONATION FORM

<u>Daya Lehal and JR</u>	
Name of participant or team you are supporting	
<u>3106</u>	<u>727</u>
Participant ID number (for administration purposes, not required)	

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

BC Cancer Foundation
 686 W Broadway, Suite 150
 Vancouver, BC V5Z 1G1
Attention to: Workout to Conquer Cancer

You can also donate online at workouttoconquercancer.ca

I. Please Print Clearly

- Individual Donation Corporate Donation

Company name (for Corporate donations only)

First Name _____ Last Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Phone Number (mandatory for credit card payments) _____ Email _____

2. Select a Donation Amount and 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 CANCER FOUNDATION** and include "Workout to Conquer Cancer" as well as the participants name in the memo line on all cheques

- Visa
 MasterCard
 American Express
 Cash

Card Number _____ Expiry (mm/yy) _____

Cardholder Name _____ Signature _____

3. Personalize Your Donation

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

- 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 bccinfo@bccancer.bc.ca. Charitable Registration Number 11881 8434 RR0001