

## DONATION FORM

			Please ma	ail this form or drop of	off with your donation to:
Andy Ei	senbock Eisenboo	:k	PC Canac		
Name of participant or team you are supporting			BC Cancer Foundation 686 W Broadway, Suite 150 Vancouver, BC V5Z 1G1		
2400 350					
3129 750			Attention t	to: Workout to Conqu	er Cancer
Participant	ID number (for administra	tion purposes, not required)			
			You can a	ilso donate online at	workouttoconquercancer.ca
I. Please	Print Clearly				
🗌 Individual 🛙	Donation Corporat	e Donation			
Company nam	e (for Corporate donation	ns only)			
First Name Last Name					
Mailing Addres	55				
City			Province	Postal Code	
Phone Numbe	er (mandatory for credit ca	rd payments) Email			
2. Select	a Donation Amour	t and Payment Optio	n		
□ \$250 Stro	onger Together	\$50 Break a Sweat		] \$30 Rest Day Pass	
□ \$100 Pus	hing Limits	\$25 Keep Moving		] Freestyle \$	
	ke cheques payable to <b>BC</b> ne memo line on all cheque		l and include "V	Vorkout to Conquer (	Cancer" as well as the participants
□Visa	MasterCard	American Express		Cash	
Card Number					Expiry (mm/yy)
Cardholder Name		Signature			
3. Person	alize Your Donatio	n			

□ Yes, you can display the amount of my donation publicly.

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

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