

## DONATION FORM

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

Yuvraj & Saihaj Dadwan		BC Cancer Foundation	
Name of participant or team you are sup	porting	686 W Broadway, Suite 150	
3305 886		Vancouver, BC V5Z 1G1 Attention to: Workout to Conquer C	Cancer
Participant ID number (for administration	purposes, not required)	,	
		You can also donate online at wo	orkouttoconquercancer.ca
I. Please Print Clearly			
☐ Individual Donation ☐ Corporate Do	onation		
Company name (for Corporate donations o	nly)		
First Name	Last Name		
Mailing Address			
City		Province Postal Code	
Phone Number (mandatory for credit card p	payments) Email		
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2. Select a Donation Amount a	nd 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 <b>BC CA</b> name in the memo line on all cheques	NCER FOUNDATION	and include "Workout to Conquer Cand	eer" as well as the participants
Visa ☐ MasterCard	American Express	☐ Cash	
Card Number		Ex	piry (mm/yy)
Cardholder Name		Signature	
3. Personalize Your Donation			
How would you like your name to appear o	n the participant's honour ro	oll?	
<ul> <li>Yes, you can display the amount of my do</li> </ul>	onation publicly.		
□ Please this donation anonymous.	1		

Privacy Notice: The BC Cancer Foundation is committed to protecting your privacy. For more information about our privacy policy, go to www.

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

bccancerfoundation.com or contact us at 1.888.906.2873 or bccfinfo@bccancer.bc.ca. Charitable Registration Number 11881 8434 RR0001