

## DONATION FORM

Myles MacRae Name of participant or team you are supporting 3842 1422 Participant ID number (for administration purposes, not required)  I. Please Print Clearly Individual Donation			Please mail this form or drop	o off with your donation to:
Name of participant or team you are supporting 3842 1422 Participant ID number (for administration purposes, not required)  I. Please Print Clearly   Individual Donation   Corporate Donation	Myles MacRae		BC Cancer Foundation	
3842 1422   Participant ID number (for administration purposes, not required)   Rease Print Clearly	Name of participant or team you are supporting			
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Please Print Clearly		_	Attention to: Workout to Cond	juer Cancer
Please Print Clearly	Participant ID number (for administratio	n purposes, not required)	Valuación de de mate ambigo	at works the constitution of
Individual Donation			1 You can also donate online	at workouttoconquercancer.ca
Company name (for Corporate donations only)  First Name	I. Please Print Clearly			
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  \$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 particip name in the memo line on all cheques  Visa  MasterCard  American Express  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?	☐ Individual Donation ☐ Corporate D	Oonation		
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 particip 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?	Company name (for Corporate donations of	only)		
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□ Places this denotion anonymous	<ul> <li>Yes, you can display the amount of my d</li> <li>Please this donation anonymous</li> </ul>	onation publicly.		

**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