

DONATION FORM

		Please mail this form or drop off	with your donation to:
Tiffany Wan			
Name of participant or team you are supporting		BC Cancer Foundation	
		686 W Broadway, Suite 150 Vancouver, BC V5Z 1G1	
3983 1554	4	Attention to: Workout to Conquer C	Cancer
Participant ID number (for administration	n purposes, not required)	·	
		You can also donate online at wo	orkouttoconquercancer.ca
I. Please Print Clearly			
☐ Individual Donation ☐ Corporate D	onation		
Company name (for Corporate donations of	only)		
 First Name	Last Name		
FIRST INAME	Last Iname		
 Mailing Address			
Talling / Address			
City		Province Postal Code	
,			
Phone Number (mandatory for credit card	payments) Email		
,	. ,	_	
2. Select a Donation Amount a	and Payment Option		
□ \$250 Stronger Together	☐ \$50 Break a Sweat	☐ \$30 Rest Day Pass	
	□ \$30 bi eak a 3weat	iii \$50 Nest Day 1 ass	
□ \$100 Pushing Limits	□ \$25 Keep Moving	☐ Freestyle \$	
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Please make cheques payable to BC CA	ANCER FOUNDATION	and include "Workout to Conquer Cand	er" as well as the participants
name in the memo line on all cheques		ПС	
□ Visa □ MasterCard	American Express	☐ Cash	
Card Number		Ex	piry (mm/yy)
Confliction No.		Cincia	
Cardholder Name		Signature	
3. Personalize Your Donation			
How would you like your name to appear o	on the participant's honour r	oll?	
Yes, you can display the amount of my do	onation publicly		
 Please this donation anonymous. 	onacion publicly.		
- i lease tills dollation allonymous.			

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