

# DONATION FORM

<u>Michelle Brown</u>	
Name of participant or team you are supporting	
<u>4000</u>	<u>1562</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](http://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](http://www.bccancerfoundation.com) or contact us at 1.888.906.2873 or [bccinfo@bccancer.bc.ca](mailto:bccinfo@bccancer.bc.ca). Charitable Registration Number 11881 8434 RR0001