

DONATION FORM

			Please mail this form or drop off with your donation to:
lan Chan			BC Cancer Foundation
Name of participant or team you are supporting 4040 1607		supporting	686 W Broadway, Suite 150 Vancouver, BC V5Z 1G1
		607	
Participant ID number (for administration purposes, not required			- Attention to: Workout to Conquer Cancer
	Υ.		You can also donate online at workouttoconquercancer.ca
I. Please	Print Clearly		
🗌 Individual [e Donation	
Company nam	ne (for Corporate donation	ns only)	
First Name Last Name		Last Name	
Mailing Addres	SS		
City			Province Postal Code
Phone Numbe	er (mandatory for credit ca	ard payments) Email	
2. Select	a Donation Amour	t and Payment Option	
□ \$250 Str	onger Together	🔲 \$50 Break a Sweat	\$30 Rest Day Pass
□ \$100 Pus	hing Limits	\$25 Keep Moving	Freestyle \$
	ke cheques payable to BC ne memo line on all cheque		and include "Workout 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	
How would y	ou like your name to appe	ar on the participant's honour ro	511?

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