

DONATION FORM

Kendra Coleman	<hr/>
Name of participant or team you are supporting	
4248	4168
<hr/> 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

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

\$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

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