

DONATION FORM

			Please mail this form or drop off with your donation to:
Jade Molen			BC Cancer Foundation
Name of participant or team you are supporting		supporting	686 W Broadway, Suite 150
4632	2	198	Vancouver, BC V5Z 1G1
		ation purposes, not required)	Attention to: Workout to Conquer Cancer
i ai ticipan		ation purposes, not required)	You can also donate online at workouttoconquercancer.ca
	Print Cloarly		
	e Print Clearly		
Individual	Donation Corporat	e Donation	
Company na	me (for Corporate donatio	ns only)	
First Name Last		Last Name	
Mailing Addro	ess		
City			Province Postal Code
Phone Numb	per (mandatory for credit c	ard payments) Email	
2. Select	a Donation Amour	nt and Payment Option	
□ \$250 St	ronger Together	\$50 Break a Sweat	\$30 Rest Day Pass
□ \$100 Pu	ushing Limits	\$25 Keep Moving	Freestyle \$
	ake cheques payable to BC the memo line on all chequ		and include "Workout to Conquer Cancer" as well as the participants
□Visa	MasterCard	American Express	Cash Cash
Card Number			Expiry (mm/yy)
Cardholder I	Cardholder Name		Signature
? Dovce	nalize Your Donatio		
5. Persol	nanze rour Donatio		
How would	you 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