

DONATION FORM

		Please mail this form or drop off with your donation to:
Ian Smedley		DC Concer Foundation
Name of participant or team you are supporting		BC Cancer Foundation 686 W Broadway, Suite 150
4778 2356		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 Don	ation	
Company name (for Company) densitions only	Δ	
Company name (for Corporate donations only	')	
First Name L	_ast Name	
THISCHAINE L	.asc i vairie	
Mailing Address		
City		Province Postal Code
Phone Number (mandatory for credit card pay	vments) Email	
2. Select a Donation Amount an	d Payment Option	
□ \$250 Stronger Together	☐ \$50 Break a Sweat	☐ \$30 Rest Day Pass
□ \$100 Pushing Limits	☐ \$25 Keep Moving	☐ Freestyle \$
Disease make abassuse accepted to BC CAN	ICED EQUINDATION	and include "Manuscritics Consum Consum" on well as the positions
name in the memo line on all cheques	CER FOUNDATION	and include "Workout to Conquer Cancer" as well as the participant
·	American Express	☐ Cash
Card Number		Expiry (mm/yy)
Card Number		Expiry (mini/yy)
Cardholder Name		Signature
3. Personalize Your Donation		
How would you like your name to appear on t	the participant's honour r	oll?
 Yes, you can display the amount of my dona 	ation 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