

## DONATION FORM

		Please mail this form or dro	p off with your donation to:
Meagan L		BC Cancer Foundation	
Name of participant or team you are supporting		686 W Broadway, Suite 150	
4819 240	2	Vancouver, BC V5Z 1G1 Attention to: Workout to Conquer Cancer	
Participant ID number (for administrati	on purposes, not required)	Vou can also donato onlino	at worke little congligreen cor
		1 You can also donate online	at workouttoconquercancer.ca
I. Please Print Clearly			
☐ Individual Donation ☐ Corporate	Donation		
Company name (for Corporate donations	only)		
rst Name Last Name			
Mailing Address			
City		Province Postal Code	
Phone Number (mandatory for credit care	d payments) Email		
2. Select a Donation Amount	and Payment Option		
□ \$250 Stronger Together	□ \$50 Break a Sweat	☐ \$30 Rest Day Pas	S
□ \$100 Pushing Limits	□ \$25 Keep Moving	☐ Freestyle \$	
Please make cheques payable to <b>BC</b> on name in the memo line on all cheques		and include "Workout to Conque	r Cancer" as well as the participant
□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 ro	oll?	
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