

DONATION FORM

			Please mail this form or drop off with your donation to:
Aya Liao			BC Cancer Foundation
Name of participant or team you are su 5890 329		e supporting	686 W Broadway, Suite 150 Vancouver, BC V5Z 1G1
		alon purposes, not required)	You can also donate online at workouttoconquercancer.ca
I Please	Print Clearly		
		_	
Individual D	onation Corporat	e Donation	
Company name	e (for Corporate donatio	ns only)	
First Name Last Name		Last Name	
Mailing Address	S		
City			Province Postal Code
Phone Number	r (mandatory for credit c	ard payments) Email	
2. Select a	Donation Amour	nt and Payment Option	
\$250 Stronger Together		\$50 Break a Sweat	□ \$30 Rest Day Pass
□ \$100 Push	ning Limits	\$25 Keep Moving	Freestyle \$
	e cheques payable to BC e 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 Name			Signature
_			
3. Persona	alize Your Donatio	n	
How would yo	u 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