

## DONATION FORM

		Please mail this form or drop off with your donation to:
Thuy Nguyen		DC Concer Foundation
Name of participant or team you are supporting		BC Cancer Foundation 686 W Broadway, Suite 150
	· ·	Vancouver, BC V5Z 1G1
6040 3477		Attention to: Workout to Conquer Cancer
Participant ID number (for administration pu	rposes, not required)	
		☐ You can also donate online at workouttoconquercancer
I. Please Print Clearly		
☐ Individual Donation ☐ Corporate Dona	tion	
	don	
Company name (for Corporate donations only)	 )	
, , , , , , , , , , , , , , , , , , , ,		
First Name La	ast Name	
Mailing Address		
City		Province Postal Code
Phone Number (mandatory for credit card payr	ments) Email	
Frione Number (mandatory for credit card payr	nents) Email	
2. Select a Donation Amount and	Payment Option	1
		<b>-</b>
□ \$250 Stronger Together	□ \$50 Break a Sweat	□ \$30 Rest Day Pass
□ \$100 Pushing Limits	□ \$25 Keep Moving	☐ Freestyle \$
	CER FOUNDATION	and include "Workout to Conquer Cancer" as well as the participa
name in the memo line on all cheques	7. · -	По
□Visa □ MasterCard □	American Express	☐ Cash
Card Number		Expiry (mm/yy)
Cardholder Name		Signature
Cardiolder (Vallic		Jighacur C
3. Personalize Your Donation		
How would you like your name to appear on th	ne participant's honour r	-oll;
<ul> <li>Yes, you can display the amount of my donat</li> </ul>	tion 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