

DONATION FORM

Please mail this form or drop off with your donation to:

Kaelan Cooke Name of participant or team you are supporting 6207 3635		BC Cancer	r Foundation		
		686 W Broadway, Suite 150 Vancouver, BC V5Z 1G1			
Participant ID number (for administration	on purposes, not required)	You can al	so donate online :	at workouttoconquere	cancer ca
		_ 100 001101	30 donate ontine t	at Workouttoconquer	2011001.00
I. Please Print Clearly					
☐ Individual Donation ☐ Corporate	Donation				
Company name (for Corporate donations	; only)				
First Name	Last Name				
Mailing Address					
City		Province	Postal Code		
Phone Number (mandatory for credit car	d payments) Email				
2. Select a Donation Amount	and Payment Option	1			
□ \$250 Stronger Together	☐ \$50 Break a Sweat		\$30 Rest Day Pass	;	
□ \$100 Pushing Limits	□ \$25 Keep Moving		Freestyle \$		
Please make cheques payable to BC on name in the memo line on all cheques		and include "W	orkout to Conquer	· Cancer" as well as the p	oarticipants
□Visa □ MasterCard	☐ American Express	ПС	ash		
Card Number				Expiry (mm/yy)	
Cardholder Name		Signature			
3. Personalize Your Donation	l				
How would you like your name to appear	on the participant's honour r	oll?			
Ver year oan dienlesselse ensemble (donation publicly				
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