# WORKOUT TO CONQUER CANCER | BC CANCER FOUNDATION

# DONATION FORM

Laura Avery

Name of participant or team you are supporting

6574                    3984

Participant ID number (for administration purposes, not required)

## 1. 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 card payments)        Email

## 2. Select a Donation Amount and Payment Option

☐  $250 Stronger Together       ☐  $50 Break a Sweat       ☐  $30 Rest Day Pass

☐  $100 Pushing Limits       ☐  $25 Keep Moving       ☐  Freestyle $_____

☐  Please make cheques payable to **BC CANCER FOUNDATION** and include "Workout to Conquer Cancer" as well as the participants name in the memo line on all cheques

☐ 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 roll?
_____

☐  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