

## DONATION FORM

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

Friends of Myles  Name of participant or team you are supporting		BC Cancer Foundation 686 W Broadway, Suite 150			
Participant ID number (for administrat		Attention to	o: Workout to Conq	uer Cancer	
Farticipant 1D number (for administrat	on purposes, not required)	You can al	so donate online a	at <b>workouttoconquercan</b> d	er ca
		_ 100 001101	so donate online t	ac Workouttoconquercunt	,cr.ca
I. Please Print Clearly					
☐ Individual Donation ☐ Corporate	Donation				
Company name (for Corporate donations	s only)				
First Name	Last Name				
Mailing Address					
City		Province	Postal Code		
Phone Number (mandatory for credit car	rd 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 <b>BC</b> name in the memo line on all cheques		and include "W	orkout to Conquer	Cancer" as well as the partic	cipants
□Visa □ MasterCard	☐ American Express	ПС	ash		
Card Number				Expiry (mm/yy)	
Cardholder Name		Signature			
3. Personalize Your Donation	I				
How would you like your name to appear	on the participant's honour r	oll?			
☐ Yes, you can display the amount of my	donation publish				
<ul> <li>Please this donation anonymous.</li> </ul>	donation publicly.				

**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