WORKOUT TO CONQUER CANCER | BC CANCER FOUNDATION

DONATION FORM

Sharon Cramen

Name of participant or team you are supporting

991 2169

Participant ID number (for administration purposes, not required)

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

BC Cancer Foundation
686 W Broadway, Suite 150
Vancouver, BC V5Z 1G1
Attention to: Workout to Conquer Cancer

You can also donate online at **workouttoconquercancer.ca**

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