



2019 LOSE THE BOOZE™ DONATION FORM

Name of participant you are supporting

Participant ID number (leave blank if unknown)

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

BC Cancer Foundation, Special Events
2560 Heather Street
Vancouver, BC V5Z 0A6

Please make attention to:
Jennifer Northrup, Lose the Booze

You can also donate online at **LoseTheBooze.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

- \$10** Buy me a couple of beers **\$35** Treat me to a bottle of wine **\$75** Splurge on champagne!
 \$125 Put your card behind the bar **Other** \$ _____ **\$30** Free Pass for the evening

- Cheque Cash
(Please make cheques payable to BC Cancer Foundation. Include participant's name or team and ID # on all cheques.)
 Visa MasterCard American Express

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 make 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