2022 LOSE THE BOOZE[™] DONATION FORM

Namo	of	participant yc	ni ara	supporting
Name	OI	participant yc	ju are	supporting

Participant ID number (leave blank if unknown)

1. PLEASE PRINT CLEARLY

O Individual Donation **O** Corporate Donation

Company name (for Corporate donations only)

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

BC Cancer Foundation 686 W Broadway Suite 150 Vancouver, BC V5Z 1G1

Please make attention to: Jennifer Northrup, Lose the Booze

You can also donate online at LoseTheBooze.ca

First Name		Last Name		
Mailing Addr	ress			
City			Province	Postal Code
Phone Num	ber (mandatory for credit	card payments)	Email	
2. SELEC	T A DONATION AMO	UNT AND PAYMEN	TOPTION	
O \$10 Buy r	me a couple of beers	O \$35 Treat me to	o a bottle of wine	• \$75 Splurge on champagne!
O \$125 Put	t your card behind the k	oar O Other \$		O \$30 Free Pass for the evening
• Cheque (Please m	ake cheques payable to I	O Cash BC Cancer Foundation	n. Include participant	's name or team and ID # on all cheques.)
O Visa	O MasterCard	O American Expre	255	
Card Numbe	er			Expiry (mm/yy)
Cardholder	Name		Signature	
3. PERSO	NALIZE YOUR DONA	TION		

How would you like your name to appear on the participant's honour roll?

O Yes, you can display the amount of my donation publicly.

O 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 <u>bccfinfo@bccancer.bc.ca</u>. Charitable Registration Number 11881 8434 RR0001

1.877.751.0111 | www.losethebooze.ca