

DONATION FORM

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

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

Please make attention to:

Jennifer Northrup, Workout to Conquer Cancer

You can also donate online at workouttoconquercancer.ca

_____ Name of participant you are supporting
_____ Participant ID number

I. 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 Hustle for that Muscle

\$50 Breaking a Sweat

\$10 Get Movin'

\$100 Feel the Burn

\$25 Rest Day Pass

Freestyle \$

Cheque (Please make cheques payable to **Workout to Conquer Cancer** and include participants name or team and ID number 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 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 bccinfo@bccancer.bc.ca. Charitable Registration Number 11881 8434 RR0001