



DONATION FORM

Test Team

Name of participant or team you are supporting

1

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: Cypress Challenge

You can also donate online at cypresschallenge.ca

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

☐ \$500

☐ \$100

☐ \$25

☐ \$250

☐ \$50

☐ \$_____

☐ Please make cheques payable to **BC CANCER FOUNDATION** and include "Cypress Challenge" 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 bccinfo@bccancer.bc.ca. Charitable Registration Number 11881 8434 RR0001