

DONATION FORM

		Please mail this form or drop off with your donation	n to:
Pathfinder Asset Manag	ement		
Name of participant or team you are supporting		BC Cancer Foundation	
Name of participant of team you are supporting		686 W Broadway, Suite 150 Vancouver, BC V5Z 1G1	
1082		- Attention to: Cypress Challenge	
Participant ID number (for adminis	tration purposes, not required)	, ittellines, ter eyprese enakenge	
		You can also donate online at cypresschallenge.ca	ı
L Bloom Brint Cloudy			
I. Please Print Clearly			
☐ Individual Donation ☐ Corpor	rate Donation		
Company name (for Corporate donat	ions only)		
First Name	Last Name		
rirst Name	Last Name		
Mailing Address			
City		Province Postal Code	
Phone Number (mandatory for credit	card payments) Email		
2 Calada Baradia Ama			
2. Select a Donation Amou	int and Payment Optio)n	
□ \$500	□ \$100	□ \$25	
\$250	□ \$50	□ \$	
Please make shagues payable to Pr	CANCED FOLINDATION	and include "Cypress Challenge" as well as the participants in	ama in
the memo line on all cheques	CANCER FOUNDATION	and include Cypress Challenge as well as the participants in	anne m
. ☐ Visa ☐ MasterCard	☐ American Express	☐ Cash	
		-	
Card Number		Expiry (mm/yy)	
		, (······///	
Cardholder Name		Signature	
3. Personalize Your Donati	on		
How would you like your name to ap	pear 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