

DONATION FORM

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

Love and Joy			BC Cancer Foundation		
Name of participant or team you are supporting			686 W Broadway, Suite 150 Vancouver, BC V5Z 1G1		
1161				r,BC V5Z 1G1 o: Cypress Challenge	
Participant ID number (for administration purposes, not required)					
			☐ You can als	so donate online at cypress	schallenge.ca
I. Please	Print Clearly				
☐ Individual [Donation	te Donation			
Company nam	ne (for Corporate donatio	ons only)			
First Name		Last Name			
Mailing Addres	SS				
City			Province	Postal Code	
Phone Number	er (mandatory for credit c	ard payments) Email			
	·				
2. Select	a Donation Amour	nt and Payment Optio	n		
□ \$500		□ \$100		□ \$25	
□ \$250		□ \$50		\$	
	e cheques payable to BC line on all cheques	CANCER FOUNDATION	and include "Cyp	oress Challenge" as well as the	participants name in
□Visa	☐ MasterCard	☐ American Express	□ Ca	ash	
Card Number				Expiry (mm/yy)
Cardholder Name			Signature		
3. Person	alize Y our Donatio	n			
How would ye	ou like your name to appe	ear on the participant's honour	roll?		
☐ Yes, you ca	an display the amount of n	ny donation publicly.			
-	donation anonymous.	, ,			

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

dollars. All donations over \$10 will receive a tax receipt in the mail. Donations are non-refundable and non-transferable.

Personal Note: Mail donations to the address above. Each cheque must come with its own donation form. All donations will be credited in Canadian