



# DONATION FORM

Jo-Ann Aldridge

Name of participant or team you are supporting

1715

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](http://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](http://www.bccancerfoundation.com) or contact us at 1.888.906.2873 or [bccinfo@bccancer.bc.ca](mailto:bccinfo@bccancer.bc.ca). Charitable Registration Number 11881 8434 RR0001