

## DONATION FORM

Company name (for Corporate donations only)   First Name Last 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 \$50 \$25 \$250 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$		Please mail this form or drop off with your donation to:
Name of participant or team you are supporting   1720   Participant ID number (for administration purposes, not required)   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)  \$\$500 \$\$100 \$\$100 \$\$25 \$\$250 \$	Dejana Durdevic	DC Cancer Foundation
1720   Participant ID number (for administration purposes, not required)     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)   Enail     2.Select a Donation Amount and Payment Option   \$\$50   \$\$50   \$\$50   \$\$50   \$\$50   \$\$50   \$\$50   \$\$50   \$\$25   \$\$25   \$\$25   \$\$26   \$\$27   Card Number   Cardholder Name     Signature		
Participant ID number (for administration purposes, not required)     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)  State a Donation Arnount and Payment Option  \$500 \$500 \$500 \$50 \$50 \$50 \$50 \$50 \$50		-
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 Last Name Mailing Address City Province Postal Code Phone Number (mandatory for credit card payments) Email CSelect a Donation Amount and Payment Option \$500 \$500 \$500 \$500 \$500 \$500 \$500 \$50		
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Visa MasterCard   Card Number Cash   Cardholder Name Signature		FOUNDATION and include "Cypress Challenge" as well as the participants name in
Cardholder Name Signature	•	nerican Express 🗌 Cash
	Card Number	Expiry (mm/yy)
	Cardholder Name	Signature
3. Personalize your Donation	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 bccfinfo@bccancer.bc.ca. Charitable Registration Number 11881 8434 RR0001