

DONATION FORM

			Please ma	Please mail this form or drop off with your donation to:	
Jerry Ch	ian				
				BC Cancer Foundation	
Name of participant or team you are supporting				686 W Broadway, Suite 150 Vancouver, BC V5Z 1G1	
1948				Attention to: Cypress Challenge	
Participant ID number (for administration purposes, not required)			71007710	2. Oppress challenge	
•			You can al	lso donate online at cypresschallenge.ca	
I Diame	D.: ./ Classic				
I. Please	Print Clearly				
☐ Individual D	Oonation Corporat	e Donation			
Company name	e (for Corporate donatio	ns only)			
First Name		Last Name			
Mailing Address	s				
City			Province	Postal Code	
City			TTOVINCE	1 ostar Code	
Phone Number	r (mandatory for credit c	ard payments) Email			
2. Select a	a Donation Amou	nt and Payment Optic	on		
\$500		□ \$100		\$25	
□ \$250		□ \$50		\$	
	cheques payable to BC ne on all cheques	CANCER FOUNDATION	l and include "Сур	press Challenge" as well as the participants name in	
□Visa	☐ MasterCard	☐ American Express		ash	
Card Number				Expiry (mm/yy)	
Cardholder Name			Signature		
3. Persona	alize Y our Donatio	n			
How would yo	ou like your name to appe	ar on the participant's honour	· roll?		
			. 5		
☐ Yes, you car	n display the amount of n	ny donation publicly.			
Please this 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