



DONATION FORM

JP Lotzkar
Name of participant or team you are supporting

272
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

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 or contact us at 1.888.906.2873 or bccinfo@bccancer.bc.ca. Charitable Registration Number 11881 8434 RR0001