

## DONATION FORM

Gary Redekop   Name of participant or team you are supporting   391   Participant ID number (for administration purposes, not required)   I Please Print Clearly   Individual Donation   Company name (for Corporate Donation)   First Name Last Name Mailing Address City   Province   Phone Number (mandatory for credit card payments)   Exster   Sto0   \$100   \$250			Please mail this form or drop off with your donation	to:
First Name Last Name  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 \$50 \$\$ \$500 \$\$ \$500 \$\$ 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 Challenge" as well as the participants name in Card Number Expiry (mm/yy) Cardholder Name Signature	Name of participant or team you are 391 Participant ID number (for administra I. Please Print Clearly Individual Donation	ation purposes, not required) e Donation	686 W Broadway, Suite 150 Vancouver, BC V5Z 1G1 Attention to: Cypress Challenge	to:
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       \$\$25         \$\$250       \$\$50       \$\$	company name (for corporate donatio	ns only)		
City Province Postal Code     Phone Number (mandatory for credit card payments) Email     2. Select a Donation Amount and Payment Option   \$\$500 \$100   \$\$250 \$50   \$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)	First Name	Last Name		
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\$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	2. Select a Donation Amour	nt and Payment Optio	n	
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the memo line on all cheques   Visa MasterCard   Card Number Expiry (mm/yy)   Cardholder Name Signature	□ \$250	□ \$50	□ \$	
Visa MasterCard   Card Number Expiry (mm/yy)   Cardholder Name Signature		CANCER FOUNDATION	and include "Cypress Challenge" as well as the participants nam	e in
Cardholder Name Signature		American Express	Cash	
	Card Number		Expiry (mm/yy)	
3. Personalize Your Donation	Cardholder Name		Signature	
	3. Personalize Your Donatio	n		

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