

DONATION FORM

Frank Huang Name of participant or team you are supporting 676 Participant ID number (for administration purposes, not required) Individual Donation Corporate Donation Company name (for 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 \$\$50 \$\$250 \$\$50 \$\$50 \$\$50 \$\$10 \$\$25 \$\$25 \$\$26 \$\$10 \$\$27 \$\$10 \$\$28 \$\$29 \$\$10 \$\$20<				Please ma	il this form or drop off with your donation to:
First Name Last Name Mailing Address City Province Phone Number (mandatory for credit card payments) Email 2.Select a Donation Amount and Payment Option \$500 \$100 \$500 \$25 \$250 \$500 \$50 \$250 \$500 \$100 \$250 \$2	Name of participal 676 Participant ID num I. Please Print	nt or team you are su ber (for administration Clearly n Corporate I	on purposes, not required) Donation	BC Cance 686 W Bro Vancouve Attention to	r Foundation Dadway, Suite 150 r,BC V5Z 1G1 o: Cypress Challenge
Mailing Address City Province Postal Code Phone Number (mandatory for credit card payments) Email 2.Select a Donation Amount and Payment Option \$\$500 \$100 \$\$500 \$25 \$\$250 \$50 \$\$250 \$50 \$\$250 \$50 \$\$250 \$50 \$\$250 \$\$25 <td>Company name (for (</td> <td>orporate donations</td> <td>only)</td> <td></td> <td></td>	Company name (for (orporate donations	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 Signature	First Name		Last Name		
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Cardholder Name Signature		•	American Express		Cash
	Card Number				Expiry (mm/yy)
3. Personalize Your Donation	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 bccfinfo@bccancer.bc.ca. Charitable Registration Number 11881 8434 RR0001