

DONATION FORM

Please mail this form or drop off with your donation to:

Name of participant or team you are supporting 75 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) Email 2. Select a Donation Amount and Payment Option \$\frac{1}{2}\$\$	RICARDO GARCIA			•			
Attention to: Cypress Challenge You can also donate online at cypresschallenge.ca I. Please Print Clearly							
Participant ID number (for administration purposes, not required) Participant ID number (for administration purposes, not required) Vou can also donate online at cypresschallenge.ca Province							
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How would you like your name to appear on the participant's honour roll? ——————————————————————————————————	Cardholder Name			Signature			
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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