

DONATION FORM

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

Manny Delos Reyes			BC Cancer Foundation		
Name of participant or team you are supporting 77			686 W Broadway, Suite 150 Vancouver,BC V5Z 1G1		
r ar deiparie	tio number (for administra	ation purposes, not required)	You can al	lso donate online at cypresschallenge.ca	
I Discou	Dia Classi			31	
1. Please	Print Clearly				
☐ Individual	Donation	te Donation			
Company nar	me (for Corporate donatio	ns only)			
First Name		Last Name			
Mailing Addre	255				
City			Province	Postal Code	
City			TTOVIIICE	Tostal Code	
Phone Numb	er (mandatory for credit c	ard payments) Email			
2. Select	a Donation Amour	nt and Payment Optio	n		
\$500		□ \$100	□ \$25		
□ \$250		□ \$50	□ \$		
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	ce cheques payable to BC line on all cheques	CANCER FOUNDATION	and include "Суг	press Challenge" as well as the participants name in	
□Visa	☐ MasterCard	☐ American Express		Cash	
			_		
Card Numbe	ır			Expiry (mm/yy)	
Cardholder Name			Signature		
3. Persor	nalize Y our Donatio	n			
How would y	ou like your name to appe	ear on the participant's honour	roll?		
					
☐ Yes, you c	an display the amount of m	ny donation publicly.			
☐ Please this	s 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