



# DONATION FORM

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maria del pilar parra

Name of participant or team you are supporting

\_\_\_\_\_

916

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](http://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](http://www.bccancerfoundation.com) or contact us at 1.888.906.2873 or [bccinfo@bccancer.bc.ca](mailto:bccinfo@bccancer.bc.ca). Charitable Registration Number 11881 8434 RR0001