



# DONATION FORM

Thank you for donating to the Capilano Volkswagen Cypress Challenge presented by Glotman Simpson Cycling benefiting the BC Cancer Foundation.

## PARTICIPANT NAME YOU ARE SUPPORTING

## PLEASE PRINT CLEARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RECEIPT

Donor First Name

Donor Last Name

Company name (for Corporate donations only)

Mailing Address

City

Province

Postal Code

Phone Number (mandatory for credit card payments)

Email (to receive tax receipt by email)

☐ Yes, I would like to receive emails from the BC Cancer Foundation about research breakthroughs, latest news and events, and fundraising initiatives.

## DONATION AMOUNT

We're grateful for anything you can give. Every dollar helps save more lives!

☐ \$1,000

☐ Custom Amount

☐ \$1,500

\$

☐ \$2,500

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

**BC Cancer Foundation**  
**150-686 W Broadway**  
**Vancouver, BC V5Z 1G1**

**Attention to: Cypress Challenge**

You can also donate online at  
[cypresschallenge.ca](http://cypresschallenge.ca)

## PLEASE NOTE:

- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars.
- All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-transferable.
- Ask your company if they provide matching gifts for donations.

**For more information about BC Cancer Foundation, please visit:**  
**[bccancerfoundation.com](http://bccancerfoundation.com)**

Please enter your name or message as you would like it to appear on the participant's Honour Roll

☐ I prefer not to show the amount of my gift on the participant's Honour Roll.

☐ I do not want my name to appear on the Cypress Challenge website.

## SELECT BETWEEN TWO EASY PAYMENT OPTIONS

☐ **Personal Cheque** Please make cheques payable to BC Cancer Foundation. **Please include Cypress Challenge and Team Name in memo.**

Your statement(s) will read BC Cancer Foundation. Payment commences immediately upon the processing of this form by the donation office.

☐ **Credit card**

Card Number

CVV

Exp

- ☐ Visa  
☐ Mastercard  
☐ Amex

Cardholder Name

Cardholder Signature