

TEAM DONATION FORM

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

TEAM NAME			Please mail this form or drop off with your donation to this address:	
			BC Cancer Foundation 150-686 W Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT C	CLEARLY, AS YOU WISH IT TO APPEAR C	N YOUR TAX RECEIPT	Attention to: Cypress Challenge	
			You can also donate online at cypresschallenge.ca	
First Name	Last Name			
Company name (for	Corporate donations only)		PLEASE NOTE:	
Mailing Address			 Each cheque must come with its own donation form. 	
			All donations will be credited in Canadian dollars.	
City	Province	Postal Code	All donations are 100% tax	
Phone Number (mar	deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-transferable.			
	to receive emails from the BC Cancer Fou latest news and events, and fundraising init		 Ask your company if they provide matching gifts for donations. 	
TEAM DONATION We're grateful for	For more information about BC Cancer Foundation, please visit:			
□ \$1,000	☐ Custom Amount		bccancerfoundation.com	
□ \$1,500	\$			
□ \$2,500				
Please enter your	name or message as you would like it to ap	opear on the participant's Honour R	oll	
•	ow the amount of my gift on the participant' name to appear on the Cypress Challenge v			
SELECT BETWEE	EN TWO EASY PAYMENT OPTIONS			
□ Personal Chequ	e Please make cheques payable to BC Cand	cer Foundation. Please include Cypres	s Challenge and Team Name in memo.	
☐ Credit card	Your statement(s) will read BC Cancer Foundation. Payment commences immediately upon the processing of this form by the donation office.			
Card Number		CVV	Exp	
Cardholder Name	Cardho	older Signature		



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TOTAL DONATION AMOUNT \$					
TEAM DONATION ALLOCATION Please designate the team member and donation amounts					
Donation Amount	First Name	Last Name	Participant number		
			_		
			_		
			_		