TEAM DONATION FORM

Thank you for donating to the 2019 Ride to Conquer Cancer® Presented by Wheaton Precious Metals benefiting BC Cancer Foundation.

DONOR INFORMATION

Name _____ Email _____

Address _____

CIty _____ Province _____ Postal Code _____

In order to receive important Ride information including event updates, training and fundraising tips, and information on how funds raised are being used, you need to OPT-IN to communications. You may withdraw your consent and opt-out at any time.

Please send me Ride to Conquer Cancer updates, news and information and other commercial messages via (select all that apply):

- ○ Email
- ○ Robocall
- ○ SMS message

Please mail this form with your donation to this address:

BC Cancer Foundation
The Ride to
Conquer Cancer
PO Box 2017
Vancouver BC V6B 3R6

Or donate online at **conquercancer.ca**

- All donations will be credited in Canadian dollars. We cannot accept cash donations.
- Donations are processed as an individual donation for each person listed, and you will receive separate tax receipts for each donation.
- If you donate $10 or more, you will receive a tax receipt.
- All donations are 100% tax deductible, non-refundable and non-transferable.
- Ask your company if they provide matching gifts for donations.

WHO ARE YOU DONATING TO?

Team Member	Participant Number (if available)	Amount of Donation

For additional names, please use additional sheet.
Note: Please make sure the breakout of donations to each team member adds up to the total.

Page 1 Total: _____

Page 2 Total: _____

Name of Team You're Sponsoring _____ **Final Total:** _____

SELECT BETWEEN TWO EASY PAYMENT OPTIONS.

☐ **Personal Cheque** Single payment in full only. Please make cheques payable to: The Ride to Conquer Cancer. Include participant name and number on all cheques.

☐ **Credit Card** Single or monthly payments. Your monthly statement(s) will read The Ride to Conquer Cancer. Payments commence immediately upon the processing of this form by the donation office.

Card Number _____ CVV _____ Exp _____

Cardholder Name _____ ☐ Visa ☐ Mastercard ☐ Amex

Cardholder Signature _____

DONOR INFORMATION

Name _____ Email _____

ADDITIONAL NAMES

Team Member	Participant Number (if available)	Amount of Donation