



Event: **Push for the Cure- 2nd Annual Finale Ride**

Name: _____

Address: _____

Day tel: _____ Evening tel: _____

Email: _____ Page: _____ of _____

CHARITABLE TAX RECEIPTS WILL BE ISSUED ON REQUEST FOR DONATIONS OF \$20 AND OVER

Please print clearly - Donor name and contact information must be complete to receive receipt

Please make cheques payable to the **Canadian Breast Cancer Foundation, BC/Yukon Chapter (or CBCF).**

#300- 1090 West Pender Street, Vancouver, BC V6E 2N7 Phone # 604-683-2873 / 1-800-561-6111 Fax # 604-683-2860 Charitable registration # 12799 3608 RR0001

Last Name	First Name	Street Address	City / Province	Postal Code	\$ Pledged	Paid	Receipt (Y/N)
Total =							

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Thank you for your generous support!