



Deposit your Jean Up donations online at [JeanUp.ca](http://JeanUp.ca) through a co-branded company or school fundraising page to contribute towards the live total announcement on May 31, 2020. **Otherwise mail in your cheque and this form by June 30, 2020.**

# JEAN UP DONATION FORM

**Cheques should be made payable to:**  
 BC Children's Hospital Foundation  
 938 West 28<sup>th</sup> Avenue, Vancouver BC V5Z 4H4  
*Do not mail cash.*

Name: _____	Telephone Number: _____
Address: _____	Postal Code: _____
Would you like information on giving a legacy gift through your will? <input type="checkbox"/> YES	
School, Corporate or Community Team Name (if applicable) _____	

Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque

**TOTAL**

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