



2024 DONATION FORM

Thank you for donating to Tour de Cure presented by Wheaton Precious Metals, benefiting BC Cancer Foundation.

WHO ARE YOU DO		1014			Please mail this form or drop off with your donation to this address:
Garth McFac	aden	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT	TO APPEAR ON '	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
 First Name	Loo	t Name			• Each cheque must come with its own donation form.
Company name (for Corporate donations only)					All donations will be credited in Canadian dollars.
Mailing Address					All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Pro	vince	Postal Co	de	transferable.
Phone Number (manda	atory for credit card payments)			 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the E test news and events, and f EVEL OF DONATION Bything you can give. Every	fundraising initiativ	ves.	earch	please visit: bccancerfoundation.com
<pre>□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250</pre> □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	(monthly pa	monthly	payments of \$ e \$25 or higher a ust 31, 2023.)	and
Please enter your na	me or message as you wo	uld like it to appe	ar on the parti	cipant's Honou	ır Roll
-	w the amount of my gift on name to appear on the Tour		onour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT O	PTIONS			
☐ Personal Cheque	Single payment in full only number on all cheques.	v. Please make che	ques payable to	Tour de Cure. I	Include participant name and
☐ Credit card	Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. Payments commence immediately upon the processing of this form by the donation office.				
Card Number				CVV	Exp
Cardholder Name _		Cardholde	r Signature _		