



2024 DONATION FORM

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

	o are you donating to? amela McGill 1017					Please mail this form or drop off with your donation to this address:
Pamela McG	II .	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLE	ARLY, AS YOU WISH IT TO	APPEAR ON YO	OUR TAX REC	CEIPT		You can also donate online at tourdecure.ca
						Each cheque must come with its own donation form.
First Name Company name (for Cor	Last Na	me				All donations will be credited in Canadian dollars.
Mailing Address						All donations are 100% tax deductible, tax receiptable
City	Provinc	ee	Postal Cod	de		(if you donate \$10 or more), non-refundable and non- transferable.
Phone Number (mandat	ory for credit card payments)					 Ask your company if they provide matching gifts for donations.
breakthroughs, late	receive emails from the BC C est news and events, and fund VEL OF DONATION	draising initiative	S.	earch		BC Cancer Foundation, please visit: bccancerfoundation.com
we're grateful for any □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Ambassador Challenger Champion Catalyst Supporter Custom	Payments Ov (monthly payr cannot extend	rer Time monthly prents must be		her and	_
Please enter your nar	ne or message as you would	like it to appear	on the partic	cipant's H	onour Roll	
☐ I do not want my na SELECT BETWEEN ☐ Personal Cheque	the amount of my gift on the me to appear on the Tour de C TWO EASY PAYMENT OPTI Single payment in full only. Ple number on all cheques.	Cure website.		Tour de C	ure. Includ	e 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	E	□ Visa □ Mastercard □ Amex
Cardholder Name		Cardholder S	Signature _			