



## 2024 DONATION FORM

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

WHO ARE YOU DO		4000			Please mail this form or drop off with your donation to this address:
John McLeo	<u>1</u>	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YC	UR TAX REC	CEIPT	You can also donate online at tourdecure.ca
					Each cheque must come     with its own donation form.
First Name	Last N	ame			All donations will be credited in Canadian
Company name (for Co	prporate donations only)				dollars.
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Provin	ce	Postal Cod	le	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	o receive email)  The receive emails from the BC test news and events, and fun			arch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	ything you can give. Every do	ollar helps save m	ore lives!		
□ \$2,500	Ambassador	Payments Ove			
□ \$1,500	Challenger	/		payments of \$ _	
□ \$1,000	Champion	cannot extend		\$25 or higher an	id
□ \$500	Catalyst	carniot exteria	beyond mage	3. 31, 2323.,	
□ \$250 □ \$	Supporter Custom				
	me or message as you would	d like it to appear	on the partic	ipant's Honour	Roll
-	w the amount of my gift on the ame to appear on the Tour de		our Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make chequ	es payable to	Tour de Cure. In	clude 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 Visa Mastercard
Cardholder Name _		Cardholder S	ignature _		