



2024 DONATION FORM

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

WHO ARE YOU DO	RE YOU DONATING TO? 2 McMullin 1031				off w	Please mail this form or drop off with your donation to this address:	
Name		Participant number				Cancer Foundation 686 W. Broadway Couver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT	You	can also donate online at decure.ca	
First Name	Look	Nama				ach cheque must come vith its own donation form.	
First Name		Name				ll donations will be redited in Canadian	
Company name (for Co	orporate donations only)					ollars. Il donations are 100% tax	
Mailing Address					d (i:	eductible, tax receiptable f you donate \$10 or more), on-refundable and non-	
City	Provi	nce	Postal Co	de	tr	ansferable.	
Phone Number (manda	atory for credit card payments)				р	sk your company if they rovide matching gifts for onations.	
breakthroughs, lat	o receive emails from the BC test news and events, and fu			earch	BC C pleas	more information about Cancer Foundation, se visit: Incerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	nything you can give. Every o	dollar helps save	more lives!				
□ \$2,500	Ambassador	Payments C					
□ \$1,500	Challenger			payments of \$			
□ \$1,000	Champion		ments must be nd beyond Aug	e \$25 or higher a	na		
□ \$500	Catalyst	earn or exter	ia beyona nag	ast 51, 2025.,			
□ \$250 □ \$	Supporter Custom						
	ame or message as you wou	ld like it to appea	ar on the parti	cipant's Honou	r Roll		
☐ I do not want my n	w the amount of my gift on th name to appear on the Tour do	e Cure website.	onour Roll.				
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS					
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make chec	ques payable to	Tour de Cure. I	nclude particip	oant 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 _		Cardholdei	· Signature			□ Amex 	