



## 2024 DONATION FORM

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

|   | Tracy McRae 1034   |  |                |                    | Please mail this form or drop off with your donation to this address:                      |
|---|--|--|----------------|--------------------|--|
| Tracy McRa  | <u> </u>   | Participant number                         |                |                    | BC Cancer Foundation<br>150-686 W. Broadway<br>Vancouver, BC V5Z 1G1                       |
| PLEASE PRINT CL                                   | EARLY, AS YOU WISH IT TO   | APPEAR ON YOU                              | JR TAX RECI    | EIPT               | You can also donate online at tourdecure.ca  |
| E M   |  |  |                |                    | Each cheque must come     with its own donation form.                                      |
| First Name  Company name (for Company name)       | Last No.   | All donations will be credited in Canadian |                |                    |  |
|   | riporate donations only)   |  |                |                    | dollars.  • All donations are 100% tax   |
| Mailing Address                                   |  |  |                |                    | deductible, tax receiptable (if you donate \$10 or more),                                  |
| City  | Provin   | ce   | Postal Code    | :                  | <ul> <li>non-refundable and non-<br/>transferable.</li> </ul>                              |
| Phone Number (mandatory for credit card payments) |  |  |                |                    | <ul> <li>Ask your company if they<br/>provide matching gifts for<br/>donations.</li> </ul> |
|   | ceipt by email)  o receive emails from the BC ( test news and events, and fun  |  | n about resea  | rch                | For more information about BC Cancer Foundation, please visit: bccancerfoundation.com      |
|   | EVEL OF DONATION   | J  |                |                    |  |
| We're grateful for an                             | nything you can give. Every do   | ollar helps save mo                        | ore lives!     |                    |  |
| □ \$2,500   | Ambassador   | Payments Ove                               | r Time         |                    |  |
| □ \$1,500   | Challenger   |  |                | nyments of \$      |  |
| □ <b>\$1,000</b>                                  | Champion   |  |                | 25 or higher and   |  |
| □ \$500   | Catalyst   | cannot extend b                            | eyona Augus    | ( 31, 2023.)       |  |
| □ \$2 <b>5</b> 0                                  | Supporter  |  |                |                    |  |
| □ \$  | Custom   |  |                |                    |  |
| Please enter your na                              | ame or message as you would  | d like it to appear c                      | n the partici  | oant's Honour Ro   | oll  |
| •   | w the amount of my gift on the<br>name to appear on the Tour de  |  | ur Roll.       |                    |  |
| SELECT BETWEEN                                    | I TWO EASY PAYMENT OPT   | TIONS                                      |                |                    |  |
| ☐ Personal Cheque                                 | Single payment in full only. P number on all cheques.  | lease make cheque                          | s payable to T | our de Cure. Inclu | ude 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 Amex   |
| Cardholder Name _                                 |  | Cardholder Sig                             | nature         |                    |  |