



## 2024 DONATION FORM

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

WHO ARE YOU DO		4050	Please mail this form or drop off with your donation to this address:
Andrew (And	y) METTEN	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	EARLY, AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	me	Each cheque must come with its own donation form.
Company name (for Corporate donations only)			<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address	Provinc	e Postal Code	<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.</li> </ul>
Phone Number (mandatory for credit card payments)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, late	e receive emails from the BC C est news and events, and fund		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	ything you can give. Every dol Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2023.)	
Please enter your na	me or message as you would	like it to appear on the participant's Honour Ro	U
☐ I do not want my na	v the amount of my gift on the pame to appear on the Tour de C  TWO EASY PAYMENT OPTIC  Single payment in full only. Ple	Cure website.	de participant name and
number on all cheques.  Credit card Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. Payments commence			
	immediately upon the process	ing of this form by the donation office.	□ Visa
Card Number		CVV	Exp ☐ Mastercard ☐ Amex
Cardholder Name		Cardholder Signature	