



## 2024 DONATION FORM

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

WHO ARE YOU DO		204	Please mail this form or drop off with your donation to this address:
Kent Mui Name	10	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	ARLY, AS YOU WISH IT TO APP	EAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Name		• Each cheque must come with its own donation form.
	rporate donations only)		All donations will be credited in Canadian dollars.
Mailing Address	Province	Postal Code	All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-transferable.
Phone Number (manda	tory for credit card payments)		<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	receive emails from the BC Cancest news and events, and fundrais	ng initiatives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an  □ \$2,500  □ \$1,500  □ \$1,000  □ \$500  □ \$250  □ \$ \$	Challenger -	nelps save more lives!  ayments Over Time  monthly payments of S nonthly payments must be \$25 or highe annot extend beyond August 31, 2023.)	
Please enter your na	me or message as you would like	it to appear on the participant's Hono	our Roll
□ I do not want my n	the amount of my gift on the partiame to appear on the Tour de Cure  TWO EASY PAYMENT OPTIONS  Single payment in full only. Please number on all cheques.	website.	e. Include participant name and
☐ Credit card		statement(s) will read Tour de Cure BC of this form by the donation office.	•
Card Number		CVV	Exp Visa Mastercard Amex
Cardholder Name		Cardholder Signature	