



## 2024 DONATION FORM

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

Gurchara Nii		1135			Please mail this form or drop off with your donation to this address:
Gursharn Nij	Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH I	Γ TO APPEAR ON	YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
First Name		ast Name			Each cheque must come     with its own donation form.
					All donations will be credited in Canadian
Company name (for Co	orporate 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	Р	rovince	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the test news and events, and			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	nything you can give. Eve	ry dollar helps sav	e more lives!		
□ \$2,500	Ambassade	or <b>Payments</b>	Over Time		
□ \$1,500	Challenger	· · · · · · · · · · · · · · · · · · ·		payments of \$ _	<del></del>
□ <b>\$1,000</b>	Champion		ayments must be end beyond Aug	e \$25 or higher an	a
□ \$500 - ·	Catalyst	carriot ext	erra beyerra riag	ast 51, 2525.,	
□ \$250 □ \$	Supporter Custom				
	ime or message as you w	ould like it to app	ear on the parti	cipant's Honour	Roll
☐ I do not want my n	w the amount of my gift on the Toule Two EASY PAYMENT	ır de Cure website.	Honour Roll.		
☐ Personal Cheque	Single payment in full or number on all cheques.	nly. Please make ch	eques 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
Cardholder Name		Cardhold	er Signature		