



2024 DONATION FORM

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

WHO ARE YOU DONATING TO?								Please mail this form or drop off with your donation to this address:		
Alexandre O	Participant number							BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YO	OU WISH IT TO	APPEAR ON	N YOUR TAX	RECEIPT			You can also donate onlin tourdecure.ca	e at	
 First Name		Last Na	ame					Each cheque must cor with its own donation:		
Company name (for Corporate donations only)								 All donations will be credited in Canadian dollars. 		
Mailing Address City		Provin	ce	Postal	Code			 All donations are 100% deductible, tax receipts (if you donate \$10 or n non-refundable and no transferable. 	able nore),	
Phone Number (mandatory for credit card payments)								 Ask your company if the provide matching gifts donations. 		
☐ Yes, I would like to breakthroughs, lat	test news and	NATION	draising initia	tives.				BC Cancer Foundation, please visit: bccancerfoundation.com	ı	
We're grateful for an □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	lytning you c	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly p	Over Time	hly payme t be \$25 o	r higher an	d			
Please enter your na	ime or messa	ge as you would	l like it to app	pear on the pa	articipant	s Honour	Roll			
☐ I prefer not to show ☐ I do not want my n SELECT BETWEEN ☐ Personal Cheque	N TWO EASY Single paym	PAYMENT OPT	Cure website.		e to Tour (de Cure. Inc	clude pa	articipant name and		
☐ Credit card	number on all cheques. 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	immediately	upon the proces	sing or this fo	orm by the dor	CVV	ce.	Ехр	□ Visa □ Master	card	
Cardholder Name			Cardhol	der Signature				☐ Amex		