



## 2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?				Ī				form or drop	
T 0 "		1157					address	-	nation to this	
Tom Ostby		1157				1	BC Can	cer Foun	dation	
Name	Participant number						150-686 W. Broadway Vancouver, BC V5Z 1G1			
PLEASE PRINT CLI	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT			You car courded		nate online at	
First Name	Last N	ame							must come donation form	١.
								lonations		
Company name (for Co	orporate donations only)						cred doll	lited in Ca ars.	anadian	
Mailing Address							ded (if yo	uctible, ta ou donate	are 100% tax ax receiptable e \$10 or more ble and non-	
City	Provin	ce	Postal Co	ode			tran	sferable.		
Phone Number (mandatory for credit card payments)							<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>			
,	o receive emails from the BC (			search		l 1	BC Can	cer Foun visit:	nation about ndation, ation.com	
_	est news and events, and fun	draising initiativ	es.							
CHOOSE YOUR LE	EVEL OF DONATION									
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!							
□ \$2,500	Ambassador	Payments C	ver Time							
□ <b>\$1,500</b>	Challenger	,	monthly							
□ \$1,000	Champion		ments must b d beyond Aug			d				
□ \$500	Catalyst	Carinot exter	ia beyona Aug	just 51, 21	JZJ.)					
□ \$250	Supporter									
□\$	Custom									
Please enter your na	me or message as you would	l like it to appea	ar on the part	icipant's	Honour F	Roll				
☐ I prefer not to show	v the amount of my gift on the	participant's Ho	nour Roll.							
	ame to appear on the Tour de	-								
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS								
☐ Personal Cheque	Single payment in full only. Pronumber on all cheques.	lease make ched	ques payable t	o Tour de	Cure. Inc	lude pa	rticipar	nt name a	nd	
☐ 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		Ехр			<ul><li>☐ Visa</li><li>☐ Mastercard</li><li>☐ Amex</li></ul>	ł
Cardholder Name _		Cardholde	r Signature .						_ / linex	