



2024 DONATION FORM

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

	The second secon				
	VHO ARE YOU DONATING TO?				Please mail this form or drop off with your donation to this address:
Robert Pace	<u>y</u>	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YC	UR TAX REC	EIPT	You can also donate online at tourdecure.ca
					Each cheque must come
First Name	Last N	ame			with its own donation form.All donations will be
Company name (for Co	orporate donations only)				—— credited in Canadian dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	ice	Postal Code	!	transferable.
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations.
breakthroughs, la	o receive emails from the BC (test news and events, and fun	ndraising initiatives	5.	rch	BC Cancer Foundation, please visit: bccancerfoundation.com
_	nything you can give. Every do	-			
□ \$2,500 □ \$1,500	Ambassador	Payments Ove		nyments of \$ _	
□ \$1,500 □ \$1,500	Challenger	(monthly paym			nd
□ \$1,000 □ \$	Champion	cannot extend		-	
□ \$500 	Catalyst		, ,		
□ \$250 □ \$	Supporter				
□ \$	Custom ime or message as you would	d like it to appear	on the partici	oant's Honour	Roll
□ I do not want my r	w the amount of my gift on the name to appear on the Tour de	Cure website.	our Roll.		
JELEC I DE IWLEN		IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make chequ	es payable to T	our 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 Visa Mastercard Amex
Cardholder Name _		Cardholder S	ignature		