



2024 DONATION FORM

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

WHO ARE YOU DONATIN	G TO?					Please mail this form or drop off with your donation to this	
Vipul Pachchigar	achchigar 1163				address:		
Name		Participant number			1	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLEARLY, A	AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT	Y	ou can also donate online at ourdecure.ca	
First Name	Last Na	amo				• Each cheque must come with its own donation form.	
		arric				All donations will be credited in Canadian	
Company name (for Corporate d	onations only)					dollars.	
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- 	
City	Provinc	ce	Postal Co	ode		transferable.	
Phone Number (mandatory for c	redit card payments)					 Ask your company if they provide matching gifts for donations. 	
Email (to receive tax receipt by e	mail)				E	For more information about BC Cancer Foundation, blease visit:	
☐ Yes, I would like to receive breakthroughs, latest news				search		occancerfoundation.com	
CHOOSE YOUR LEVEL OF	DONATION						
We're grateful for anything y	ou can give. Every do	allar helns sav	e more lives!				
		-	Over Time				
□ \$2,500 □ \$1,500	Ambassador Challenger	Payments		payments of \$			
□ \$1,000 □ \$1,000	Champion	(monthly p	ayments must b				
□ \$500	Catalyst	cannot ext	end beyond Aug	just 31, 2023.)			
□ \$250	Supporter						
□\$	Custom						
Please enter your name or m	essage as you would	l like it to app	ear on the part	icipant's Hono	our Roll		
☐ I prefer not to show the am	ount of my gift on the	participant's l	Honour Roll.				
□ I do not want my name to a	ppear on the Tour de	Cure website.					
SELECT BETWEEN TWO E	ASY PAYMENT OPT	IONS					
	payment in full only. Pl on all cheques.	lease make ch	eques payable t	o Tour de Cure.	. Include pai	rticipant name and	
_	or monthly payments. ately upon the proces				Cancer. Payı		
Card Number				CVV	Exp	☐ Visa ☐ Mastercard	
Cardholder Name		Cardhold	ler Signature			☐ Amex	
Caranolaci Nanic			ici signature				