



2024 DONATION FORM

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

WHO ARE YOU DO		12				Please mail this form or drop off with your donation to this address:
Name	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
 First Name	1 4 A					Each cheque must come with its own donation form.
	Last N	lame				All donations will be credited in Canadian
Company name (for Co	orporate donations only)					dollars.
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	nce	Postal Co	ode		transferable.
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC est news and events, and fur			search		BC Cancer Foundation, please visit: bccancerfoundation.com
□ \$2,500	ything you can give. Every d Ambassador	•	Over Time	payments c	,f ¢	
□ \$1,500 □ \$1,000	Challenger Champion		ayments must b	e \$25 or hig	her and	
□ \$500	Catalyst	cannot ext	end beyond Aug	just 31, 2023	i.)	
□ \$250 □ \$	Supporter Custom					
	me or message as you would	d like it to app	ear on the part	icipant's Ho	nour Roll	
☐ I do not want my n	w the amount of my gift on the ame to appear on the Tour de	Cure website.	Honour Roll.			_
SELECT BETWEEN	TWO EAST PATMENT OF	IONS				
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make ch	eques payable t	o Tour de Cu	ure. Include p	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			☐ Amex