



## 2024 DONATION FORM

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

	Carlos Pereira 1200				Please mail this form or drop off with your donation to this address:
Carlos Perei	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT	TO APPEAR ON Y	OUR TAX REG	CEIPT	You can also donate online at tourdecure.ca
E M					<ul> <li>Each cheque must come with its own donation form.</li> </ul>
First Name  Last Name  Company name (for Corporate donations only)					All donations will be credited in Canadian
	portice deflations only,				dollars.  • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more),
City	Pro	vince	Postal Cod	le	<ul> <li>non-refundable and non- transferable.</li> </ul>
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email)  o receive emails from the B test news and events, and f			arch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	nything you can give. Every	dollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O	ver Time		
□ <b>\$1,500</b>	Challenger	<del></del>		payments of \$	<u> </u>
□ <b>\$1,000</b>	Champion			\$25 or higher and	
□ \$500	Catalyst	cannot exten	d beyond Augu	IST 31, 2023.)	
□ \$250	Supporter				
□ \$	Custom				
Please enter your na	ime or message as you wo	uld like it to appea	r on the partic	ipant's Honour Ro	oll
-	w the amount of my gift on to		nour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT O	PTIONS			
☐ Personal Cheque	Single payment in full only number on all cheques.	. Please make cheq	ues payable to	Tour de Cure. Incl	ude 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
Cardholder Name _		Cardholder	Signature _		