



2024 DONATION FORM

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

WHO ARE YOU DONATING TO?						Please mail this form or drop off with your donation to this address:
Wheelin&' W	National Nat					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 RE	CEIPT		You can also donate online at tourdecure.ca
						Each cheque must come
First Name	Last Na	ame				with its own donation form.All donations will be
Company name (for Corporate donations only)						credited in Canadian dollars.
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),
City	Provinc	ce	Postal Co	de		non-refundable and non- 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 fun			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
	EVEL OF DONATION					
_	ything you can give. Every do					
□ \$2,500	Ambassador	Payments O				
□ \$1,500	Challenger	(100 0 10 the last 10 0 10 10 10 10 10 10 10 10 10 10 10 1		payments o		
□ \$1,000	Champion		ments must b d beyond Aug			
□ \$500	Catalyst	carinot exteri	a beyona nag	ust 51, 2025	•/	
□ \$250	Supporter					
□\$	Custom					
Please enter your na	me or message as you would	like it to appea	r on the parti	cipant's Ho	nour Roll	
-	v the amount of my gift on the ame to appear on the Tour de		nour Roll.			_
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS				
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	ease make cheq	ues payable to	Tour de Cu	ıre. Include	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	Signature _			— ¬ Alliex