



2024 DONATION FORM

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

WHO ARE YOU D		1000	Please mail this form or drop off with your donation to this address:
farnad rezaio)	1263 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 RECEIPT	You can also donate online at tourdecure.ca
			• Each cheque must come with its own donation form.
First Name	Last Na	• All donations will be credited in Canadian	
Company name (for ex	прогасе изпасона отку		dollars. • All donations are 100% tax
Mailing Address			deductible, tax receiptable (if you donate \$10 or more), —— non-refundable and non-
City	Provinc	ce Postal Code	transferable.
Phone Number (mandatory for credit card payments)			 Ask your company if they provide matching gifts for donations.
•	, ,	Cancer Foundation about research	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR L	EVEL OF DONATION		
We're grateful for ar □ \$2,500 □ \$1,500	nything you can give. Every do Ambassador Challenger	Payments Over Time monthly payments of \$	
□ \$1,000 □ \$500	Champion Catalyst	(monthly payments must be \$25 or higher a cannot extend beyond August 31, 2023.)	and
□ \$250 □ \$	Supporter Custom		
		I like it to appear on the participant's Honou	ır Roll
□ I do not want my r	w the amount of my gift on the name to appear on the Tour de I TWO EASY PAYMENT OPT	Cure website.	
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	lease make cheques payable to Tour de Cure. I	nclude 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	☐ Amex