



## 2024 DONATION FORM

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

WHO ARE YOU DO		1279			Please mail this form or dro off with your donation to the address:		
Selina Robin	Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	150-686 W. Broadway	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT	You can also donate online tourdecure.ca	at	
First Name		la ma a			• Each cheque must com with its own donation for		
First Name  Company name (for Company name)	Last N  prporate donations only)	name			All donations will be credited in Canadian dollars.		
Mailing Address					All donations are 100% deductible, tax receiptal (if you donate \$10 or mon-refundable and no	ble ore),	
City	Provir	nce	Postal Co	de	transferable.		
Phone Number (manda	atory for credit card payments)				<ul> <li>Ask your company if the provide matching gifts f donations.</li> </ul>		
breakthroughs, lat	o receive emails from the BC test news and events, and fur EVEL OF DONATION nything you can give. Every d	ndraising initiative	es.	earch	please visit: bccancerfoundation.com		
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments On (monthly payr	ver Time monthly	payments of \$ \$25 or higher ast 31, 2023.)	and		
Please enter your na	ame or message as you woul	d like it to appea	r on the partio	cipant's Honou	ur Roll		
•	w the amount of my gift on the		nour Roll.				
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS					
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make chequ	ues payable to	Tour de Cure.	Include participant name and		
☐ Credit card	Single or monthly payments immediately upon the proce				Cancer. Payments commence		
Card Number				CVV	Exp Visa	ard	
Cardholder Name _		Cardholder	Signature _				