



2024 DONATION FORM

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

WHO ARE YOU DO	DNATING TO?	1299				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	Last N	la ma a				Each cheque must come with its own donation form.	
		iame				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	de		transferable.	
Phone Number (manda	tory for credit card payments)					 Ask your company if they provide matching gifts for donations. 	
,	peipt by email) o receive emails from the BC est news and events, and fur			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	ything you can give. Every d	ollar helps save	e more lives!				
□ \$2,500	Ambassador	Payments (Over Time				
□ \$1,500	Challenger			payments of			
□ \$1,000	Champion		yments must be nd beyond Aug		er and		
□ \$500 -	Catalyst	carnio care	na beyona nag	d3(31, 2023.)			
□ \$250 □ \$	Supporter Custom						
	me or message as you would	d like it to appe	ar on the parti	cipant's Hon	our Roll		
☐ I do not want my n	v the amount of my gift on the ame to appear on the Tour de	Cure website.	onour Roll.			-	
SELECT BETWEEN	TWO EASY PAYMENT OPT	TIONS					
☐ Personal Cheque	Single payment in full only. Pnumber on all cheques.	Please make che	ques payable to	Tour de Cur	e. Include p	articipant 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	Ехр	☐ Visa ☐ Mastercard ☐ Amex	
Cardholder Name		Cardholde	er Signature				