



2024 DONATION FORM

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

	Scott 1329					Please mail this form or drop off with your donation to this address:	
Amy Scott Name		Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLEARL	Y, AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
- First Name	Last Na					Each cheque must come with its own donation form.	
-irst Name	LdSt No	arrie				All donations will be	
Company name (for Corpora	ite donations only)					credited in Canadian dollars.	
Mailing Address						All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), All donate and are a second and are a second are a seco	
City	Provinc	се	Postal Co	ode		non-refundable and non- transferable.	
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations. 	
Email (to receive tax receipt l Yes, I would like to rece breakthroughs, latest n				search		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LEVEL	OF DONATION						
We're grateful for anythir	ig you can give. Every do	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments (Over Time				
□ \$1,500	Challenger			payments of			
□ \$1,000	Champion		yments must b				
□ \$500	Catalyst	cannot exte	nd beyond Aug	just 31, 202.	3.)		
□ \$250	Supporter						
□\$	Custom						
Please enter your name c	r message as you would	l like it to appe	ar on the part	icipant's Ho	onour Roll		
□ I prefer not to show the □ I do not want my name		-	onour Roll.			_	
SELECT BETWEEN TWO	O EASY PAYMENT OPT	IONS					
•	le payment in full only. Pl ber on all cheques.	lease make che	ques payable to	o Tour de C	ure. Include	participant name and	
_	yle or monthly payments. nediately upon the proces				BC Cancer. F		
Card Number				CVV	Ex		
Cardholder Name		Cardholde	er Signature			☐ Amex	