



2024 DONATION FORM

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

WHO ARE YOU DO		1344			Please mail this form or drop off with your donation to this address:
Aakash Shal	1	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	UR TAX REC	EIPT	You can also donate online at tourdecure.ca
E M					 Each cheque must come with its own donation form.
First Name Last Name Company name (for Corporate donations only)					All donations will be credited in Canadian
Company name (for Co	or porate doriations only)				dollars. • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	ce	Postal Code	e	transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
	ceipt by email) o receive emails from the BC (test news and events, and fun			arch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	nything you can give. Every do	ollar helps save m	ore lives!		
□ \$2,500	Ambassador	Payments Ove	r Time		
☐ \$1,500	Challenger	,		ayments of \$	<u></u>
☐ \$1,000	Champion	(monthly paymers) cannot extend		\$25 or higher and	
□ \$500	Catalyst	Carinot exterior	beyond Augus	3(31, 2023.)	
□ \$250	Supporter				
Selection Please enter your na	Custom ime or message as you would	d like it to appear o	on the partici	pant's Honour R	oll
•	w the amount of my gift on the name to appear on the Tour de		our Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheque	es payable to ⁻	Tour de Cure. Incl	ude 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 Si	gnature		