



## 2024 DONATION FORM

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

	o are you donating to? shok Shah 1345					Please mail this form or drop off with your donation to this address:	
Ashok Shah		Participant number			150-686 V	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT		so donate online at	
					• Each cl	heque must come own donation form.	
First Name	Last N	lame			• All don	ations will be d in Canadian	
Company name (for Co	orporate donations only)				dollars.		
Mailing Address					deduct (if you	ations are 100% tax ible, tax receiptable donate \$10 or more), fundable and non-	
City	Provir	ice	Postal Co	de	transfe		
Phone Number (manda	atory for credit card payments)					ur company if they e matching gifts for ons.	
	ceipt by email) o receive emails from the BC test news and events, and fur			earch	BC Cance please visi	nformation about r Foundation, t: oundation.com	
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	ything you can give. Every d	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments C					
□ \$1,500	Challenger	(monthly nay		payments of \$ e \$25 or higher			
☐ \$1,000	Champion		nd beyond Aug		aria		
□ \$500 □ \$250	Catalyst						
□ \$	Supporter Custom						
Please enter your na	me or message as you would	d like it to appea	ar on the parti	cipant's Hono	ır Roll		
•	w the amount of my gift on the name to appear on the Tour de		onour Roll.				
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS					
☐ Personal Cheque	Single payment in full only. F	Please make chec	ques payable to	Tour de Cure.	Include participant n	ame 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 _		Cardholdei	r Signature .				