



## 2024 DONATION FORM

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

WHO ARE YOU DONATING TO?  Rob Shaw  1350					Please mail this form or drop off with your donation to this address:			
Rob Shaw Name		Participant number			150-686 W. Broad	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	You can also dona tourdecure.ca			
E M					Each cheque r			
First Name  Last Name  Company name (for Corporate donations only)					All donations v credited in Car	All donations will be credited in Canadian		
	riporate doriations only,				dollars.  • All donations a	are 100% tax		
Mailing Address					deductible, tax (if you donate ——— non-refundab	\$10 or more),		
City	Provin	ice	Postal Co	de	transferable.	le and non-		
Phone Number (manda	ntory for credit card payments)				<ul> <li>Ask your comprovide match donations.</li> </ul>			
	ceipt by email)  o receive emails from the BC lest news and events, and fun			earch	For more informa BC Cancer Found please visit: bccancerfoundat	dation,		
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 O	ver Time					
□ <b>\$1,500</b>	Challenger	<u>-</u>		payments of \$				
□ <b>\$1,000</b>	Champion			\$25 or higher	and			
□ \$500	Catalyst	cannot exten	d beyond Aug	JST 31, 2023.)				
□ \$250	Supporter							
□\$	Custom							
Please enter your na	me or message as you would	d like it to appea	r on the parti	cipant's Hono	ır Roll			
-	w the amount of my gift on the ame to appear on the Tour de		nour Roll.					
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS						
☐ Personal Cheque	Single payment in full only. P	Please make cheq	ues payable to	Tour de Cure.	Include participant name an	d		
☐ 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	<ul><li>□ Visa</li><li>□ Mastercard</li><li>□ Amex</li></ul>		
Cardholder Name _		Cardholder	Signature _					