



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? Will Shelling 1352					Please mail this form or drop off with your donation to this address:
Will Shelling 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 Y	OUR TAX RE	CEIPT		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
	sporace donations only,					dollars. • All donations are 100% tax
Mailing Address						deductible, tax receiptable (if you donate \$10 or more),
City	Provir	ice	Postal Co	de		non-refundable and non- transferable.
Phone Number (manda	atory 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 fur			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
	EVEL OF DONATION	J				
We're grateful for an	ything you can give. Every d	ollar helps save i	more lives!			
□ \$2,500	Ambassador	Payments O	ver Time			
□ \$1,500	Challenger			payments of \$		
□ \$1,000	Champion			\$25 or higher	and	
□ \$500	Catalyst	cannot exten	d beyond Augi	ust 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	our Roll	
-	w the amount of my gift on the name to appear on the Tour de		nour Roll.			-
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS				
☐ Personal Cheque	Single payment in full only. P	lease make cheq	ues payable to	Tour de Cure.	. 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 _		Cardholder	Signature _			