



2024 DONATION FORM

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

WHO ARE YOU DO		1364			Please mail this form or d off with your donation to address:	
Name	<u>iu</u>	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT	You can also donate onlir tourdecure.ca	ne at
First Name		la a a			• Each cheque must co	
First Name	Last N	Name			All donations will be credited in Canadian	
Company name (for Co	orporate donations only)				dollars.	
Mailing Address					 All donations are 100% deductible, tax receipt (if you donate \$10 or r non-refundable and n 	able nore),
City	Provin	nce	Postal Co	de	transferable.	OH
Phone Number (manda	atory for credit card payments)				 Ask your company if the provide matching gifts donations. 	-
	ceipt by email) o receive emails from the BC test news and events, and fur			earch	For more information about the BC Cancer Foundation, please visit: bccancerfoundation.con	
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	nything you can give. Every d	Iollar helps save	more lives!			
□ \$2,500	Ambassador	Payments C				
□ \$1,500	Challenger	(manthly may		payments of \$		
□ \$1,000	Champion		id beyond Augi	e \$25 or higher a ust 31. 2023.)	arid	
□ \$500	Catalyst		, ,			
□ \$250 □ \$	Supporter Custom					
Please enter your na	ame or message as you woul	d like it to appea	ır on the parti	cipant's Honou	ır Roll	
☐ I do not want my n	w the amount of my gift on th	e Cure website.	nour Roll.			
SELECT BETWEEN	N TWO EASY PAYMENT OP	TIONS				
☐ Personal Cheque	Single payment in full only. In number on all cheques.	Please make chec	ues payable to	Tour de Cure. I	Include participant name and	
☐ Credit card	Single or monthly payments immediately upon the proce				ancer. Payments commence	
Card Number				CVV	Exp Size	
Cardholder Name _		Cardholdei	Signature		☐ Amex	