



## 2024 DONATION FORM

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

WHO ARE YOU DO		Please mail this form or drop off with your donation to this address:
Brett Simpson	n 1368  Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	ARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Name	• Each cheque must come with its own donation form.
Company name (for Coi		<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address	Province Postal Code	<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.</li> </ul>
Phone Number (mandat	ory for credit card payments)	<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, late	receive emails from the BC Cancer Foundation about research est news and events, and fundraising initiatives.  VEL OF DONATION	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for any □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom  Ching you can give. Every dollar helps save more lives!  Payments Over Time monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2023.)	
Please enter your nar	ne or message as you would like it to appear on the participant's Honour Roll	
□ I do not want my na	the amount of my gift on the participant's Honour Roll. me to appear on the Tour de Cure website.  TWO EASY PAYMENT OPTIONS  Single payment in full only. Please make cheques payable to Tour de Cure. Include p	articipant name and
☐ Credit card	number on all cheques.  Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. Paimmediately upon the processing of this form by the donation office.	nyments commence
Card Number	CVV Exp	☐ Visa☐ Mastercard☐ Amex
Cardholder Name	Cardholder Signature	