



## 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:
Rena Sine Name	1370 Participant number	er	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	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.
	rporate donations only)		<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address City	Province F	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 (manda	ory for credit card payments)		<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	receive emails from the BC Cancer Foundation abest news and events, and fundraising initiatives.  VEL OF DONATION		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an  □ \$2,500  □ \$1,500  □ \$1,000  □ \$500  □ \$250  □ \$250	Champion (monthly payments		
Please enter your na	ne or message as you would like it to appear on t	he participant's Honour Roll	
□ I do not want my n	the amount of my gift on the participant's Honour I ame to appear on the Tour de Cure website.  TWO EASY PAYMENT OPTIONS  Single payment in full only. Please make cheques payment on all cheques.	ayable to Tour de Cure. Include	
☐ Credit card	Single or monthly payments. Your statement(s) will immediately upon the processing of this form by the		ayments commence  ☐ Visa
Card Number		CVV Exp	□ Mastavasud
Cardholder Name	Cardholder Signat	ture	