



2024 DONATION FORM

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

WHO ARE YOU D	ONATING TO?	139	Please mail this form or drop off with your donation to this address:
Martin Bollo 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 YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
F N			Each cheque must come with its own donation form.
First Name Company name (for Co	Last Name me (for Corporate donations only)		All donations will be credited in Canadian dollars.
Mailing Address			All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),
City	Provinc	e Postal Code	non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)			 Ask your company if they provide matching gifts for donations.
breakthroughs, la	o receive emails from the BC C test news and events, and fund EVEL OF DONATION Bything you can give. Every do		bccancerfoundation.com
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments (monthly payments must be \$25 or h cannot extend beyond August 31, 20.	gher and
Please enter your na	me or message as you would	like it to appear on the participant's F	Ionour Roll
□ I do not want my r	number on all cheques.	Cure website.	
_ 3.64.14414		ing of this form by the donation office.	□ Visa
Card Number		CVV	Exp
Cardholder Name 🔔		Cardholder Signature	