



## 2024 DONATION FORM

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

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WHO ARE YOU DONA		1402	Please mail this form or drop off with your donation to this address:
Christian Sorial	<u>no</u>	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEAR	RLY, AS YOU WISH IT TO A	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Nar	me	• Each cheque must come with its own donation form.
Company name (for Corporate donations only)			<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address	Province	e 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 (mandatory for credit card payments)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceive emails from the BC C news and events, and fund	ancer Foundation about research raising initiatives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for anyth  ☐ \$2,500  ☐ \$1,500  ☐ \$1,000  ☐ \$500  ☐ \$250  ☐ \$	ing you can give. Every dol  Ambassador Challenger Champion Catalyst Supporter Custom	lar 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 name	or message as you would l	like it to appear on the participant's Honour F	toll
□ I do not want my name	te amount of my gift on the perfect to appear on the Tour de Control of the Tour de Control	ure website.	lude participant name and
nu ☐ <b>Credit card</b> Sir		our statement(s) will read Tour de Cure BC Cand	cer. Payments commence
im	mediately upon the process	ing of this form by the donation office.	□ Visa
Card Number		CVV	Exp
Cardholder Name		Cardholder Signature	