



2024 DONATION FORM

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

	Sebastian Spoke 1409				Please mail this form or drop off with your donation to this address:
Name	poke	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT T	O APPEAR ON YO	OUR TAX REC	CEIPT	You can also donate online at tourdecure.ca
Fig. 1.N.		N.I.			Each cheque must come with its own donation form.
First Name Last Name Company name (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), non-refundable and non-
City	Prov	ince	Postal Cod	le	transferable.
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC test news and events, and fu EVEL OF DONATION	indraising initiative:	S.	arch	please visit: bccancerfoundation.com
_	nything you can give. Every				
<pre>□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250</pre>	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Ov (monthly payn cannot extend	monthly prents must be	payments of \$ \$25 or higher a st 31, 2023.)	nd
Please enter your na	ime or message as you wou	ld like it to appear	on the partic	ipant's Honoui	r Roll
•	w the amount of my gift on that ame to appear on the Tour d		our Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS			
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make chequ	es payable to	Tour de Cure. Ir	nclude participant name and
☐ Credit card	Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. Payments commence immediately upon the processing of this form by the donation office.				
Card Number				CVV	Exp Visa Mastercard
Cardholder Name _		Cardholder S	ignature _		