



## 2024 DONATION FORM

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

WHO ARE YOU DO		1443			Please mail this form or drop off with your donation to this address:
Margot Sutcl	ille	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 Y	OUR TAX REC	CEIPT	You can also donate online at tourdecure.ca
First Name		Name -			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	de	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the BC test news and events, and fu EVEL OF DONATION	ındraising initiative	S.	earch	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		monthly	payments of \$ . \$25 or higher ar lst 31, 2023.)	nd
Please enter your na	ame or message as you wou	ld like it to appear	on the partic	cipant's Honour	Roll
-	w the amount of my gift on that ame to appear on the Tour d		nour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS			
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make chequ	ues payable to	Tour de Cure. Ir	oclude 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	Signature _		