



## 2024 DONATION FORM

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

	egan Suttie 1445					Please mail this form or drop off with your donation to this address:
Keegan Sutt	<u></u>	Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
 First Name	1	la ma a				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	Provir	nce	Postal Co	de		transferable.
Phone Number (manda	atory 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 fur EVEL OF DONATION nything you can give. Every d	ndraising initiative	es.	earch		please visit: bccancerfoundation.com
<ul> <li>\$2,500</li> <li>\$1,500</li> <li>\$1,000</li> <li>\$500</li> <li>\$250</li> <li>\$</li> </ul>	Ambassador Challenger Champion Catalyst Supporter Custom	Payments On (monthly payr	ver Time			
Please enter your na	ame or message as you woul	d like it to appea	r on the partio	cipant's Hono	ur Roll	
•	w the amount of my gift on the		nour Roll.			-
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS				
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make chequ	ues payable to	Tour de Cure	. Include p	articipant 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	Ехр	☐ Visa☐ Mastercard☐ Amex
Cardholder Name _		Cardholder	Signature _			