



## 2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?				Please mail this form or drop off with your donation to this	
Ashley Szczepaniak 1451				address:		
Name	Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON '	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca	
 First Name	Lact N	Name			<ul> <li>Each cheque must come with its own donation form.</li> </ul>	
- Lust Nume					All donations will be credited in Canadian	
Company name (for Co	orporate donations only)				dollars.	
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>	
City	Provi	nce	Postal Co	de	transferable.	
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>	
Email (to receive tax rec	ceipt by email)  o receive emails from the BC	Cancar Founda	tion about roc	ooreh	For more information about BC Cancer Foundation, please visit:  bccancerfoundation.com	
	est news and events, and fu			earcri		
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	ything you can give. Every o	dollar helps save	more lives!			
□ \$2,500	Ambassador	Payments C	Over Time			
□ <b>\$1,500</b>	Challenger	,		payments of \$		
□ \$1,000	Champion		yments must be nd beyond Aug	e \$25 or higher and		
□ \$500	Catalyst	Carinot exter	ia beyona Aug	33( 31, 2023.)		
□ \$250 -	Supporter					
□\$	Custom					
Please enter your na	me or message as you woul	ld like it to appe	ar on the parti	cipant's Honour R	oll	
☐ I prefer not to show	w the amount of my gift on th	e participant's H	onour Roll.			
☐ I do not want my n	ame to appear on the Tour de	e Cure website.				
SELECT BETWEEN	TWO EASY PAYMENT OP	TIONS				
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.					
☐ 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 _		Cardholde	r Signature _			