



2024 DONATION FORM

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

| WHO ARE YOU DO | | 1453 | | | | Please mail this form or drop off with your donation to this address: |
|---|--|------------------|------------------|--------------|--|--|
| Deborah-Anr | Participant number | | | | BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1 | |
| PLEASE PRINT CLI | EARLY, AS YOU WISH IT TO | APPEAR ON | YOUR TAX RE | CEIPT | | You can also donate online at tourdecure.ca |
| First Name | L+ N | | | | | Each cheque must come with its own donation form. |
| First Name | Last N | ame | | | | All donations will be |
| Company name (for Co | orporate donations only) | | | | | 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 | Provin | ce | Postal Co | ode | | transferable. |
| Phone Number (manda | tory for credit card payments) | | | | | Ask your company if they provide matching gifts for donations. |
| breakthroughs, lat | o receive emails from the BC est news and events, and fun | | | earch | | BC Cancer Foundation, please visit: bccancerfoundation.com |
| | ything you can give. Every do | ollar helps sav | e more lives! | | | |
| □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 | Ambassador Challenger Champion Catalyst Supporter Custom | | | | her and | |
| Please enter your na | me or message as you would | d like it to app | ear on the part | cipant's Ho | onour Roll | |
| ☐ I do not want my n | v the amount of my gift on the ame to appear on the Tour de | Cure website. | | | | _ |
| ☐ Personal Cheque | Single payment in full only. P number on all cheques. | lease make che | eques payable to | o Tour de Ci | ure. Include | 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 | Ехр | |
| Cardholder Name | | Cardhold | er Signature | | | ☐ Amex |