



2024 DONATION FORM

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

WHO ARE YOU DONATIN		1.45.4	Please mail this form or drop off with your donation to this address:
Farnaz Taghizade	n 	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEARLY,	AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	ime	Each cheque must come with its own donation form.
Company name (for Corporate donations only)			 All donations will be credited in Canadian dollars.
Mailing Address City	Provinc	ce Postal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)			 Ask your company if they provide matching gifts for donations.
breakthroughs, latest new	e emails from the BC (s and events, and fund F DONATION		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for anything y □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2023.)	_
Please enter your name or n	nessage as you would	like it to appear on the participant's Honour Rol	l
☐ I prefer not to show the am ☐ I do not want my name to a SELECT BETWEEN TWO E	ASY PAYMENT OPTI	ONS	de narticinant name and
numbe	r on all cheques.	ease make cheques payable to Tour de Cure. Incluc Your statement(s) will read Tour de Cure BC Cancer	
		sing of this form by the donation office.	□ Visa
Card Number		CVV	Exp ☐ Mastercard ☐ Amex
Cardholder Name		Cardholder Signature	