



## 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?						se mail this form or drop vith your donation to this	
Kabin Taras	-11	1460			]	addr	=	
Kalvin Taras	Participant number					150-	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			can also donate online a decure.ca	:
First Name	Last N	ame					ach cheque must come vith its own donation forr	n.
Tilservanie	Lustit	anne					all donations will be	
Company name (for Co	orporate donations only)						redited in Canadian Iollars.	
Mailing Address						 d (i	all donations are 100% tax leductible, tax receiptable f you donate \$10 or more non-refundable and non-	e),
City	Provin	ice	Postal Co	de			ransferable.	
Phone Number (mandatory for credit card payments)						р	ask your company if they provide matching gifts for lonations.	
,	ceipt by email)  o receive emails from the BC ( test news and events, and fun			earch		BC C plea	more information about Cancer Foundation, se visit: ancerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION							
We're grateful for an	nything you can give. Every do	ollar helps save ı	more lives!					
□ \$2,500	Ambassador	Payments O	ver Time					
□ \$1,500	Challenger		monthly	payments	of\$			
□ \$1,000	Champion		ments must be					
□ \$500	Catalyst	cannot exten	d beyond Aug	ust 31, 20	23.)			
□ \$250	Supporter							
□\$	Custom							
Please enter your na	ime or message as you would	d like it to appea	r on the parti	cipant's l	Honour R	toll		
	w the amount of my gift on the name to appear on the Tour de		nour Roll.					
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS						
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheq	ues payable to	Tour de	Cure. Incl	lude partici <sub>l</sub>	pant 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 □ Mastercar □ Amex	d
Cardholder Name _		Cardholder	Signature _				_	