



## 2024 DONATION FORM

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

WHO ARE YOU DO		4540	Please mail this form or drop off with your donation to this address:
Name	Market Cycles	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	EARLY, AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	me	• Each cheque must come with its own donation form.
Company name (for Co	<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>		
Mailing Address	Provinc	e Postal Code	<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-transferable.</li> </ul>
Phone Number (mandatory for credit card payments)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, late	receive emails from the BC C est news and events, and fund		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for any  □ \$2,500  □ \$1,500  □ \$1,000  □ \$500  □ \$250  □ \$	ything you can give. Every do  Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ _ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2023.)	<u></u>
Please enter your na	me or message as you would	like it to appear on the participant's Honour	Roll
☐ I do not want my na	v the amount of my gift on the ame to appear on the Tour de C	Cure website.	
☐ Personal Cheque	Single payment in full only. Ple number on all cheques.	ease make cheques payable to Tour de Cure. Inc	clude participant name and
☐ <b>Credit card</b> 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 Signal Signa
Cardholder Name		Cardholder Signature	