



2024 DONATION FORM

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

WHO ARE YOU DO		1518			C	Please mail this form or drop off with your donation to this iddress:
Brent Vande	Participant number				1	BC Cancer Foundation 50-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT	Y	ou can also donate online at ourdecure.ca
						Each cheque must come with its own donation form.
First Name Last Name Company name (for Corporate donations only)						 All donations will be credited in Canadian
Company name (for Co	orporate doriations only)					dollars.All donations are 100% tax
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	nce	Postal Co	ode		transferable.
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations.
	ceipt by email) o receive emails from the BC test news and events, and fur			earch	В	for more information about BC Cancer Foundation, blease visit: pccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	ything you can give. Every d	ollar helps save	more lives!			
□ \$2,500	Ambassador	Payments (
□ \$1,500 -	Challenger	(monthly na		payments of \$ e \$25 or higher		
☐ \$1,000	Champion		nd beyond Aug		ariu	
□ \$500 □ \$250	Catalyst					
□ \$	Supporter Custom					
Please enter your na	me or message as you would	d like it to appe	ar on the part	cipant's Hono	ur Roll	
-	w the amount of my gift on the name to appear on the Tour de		onour Roll.			
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS				
☐ Personal Cheque	Single payment in full only. F	Please make che	ques payable to	o Tour de Cure.	Include par	ticipant 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 ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholde	r Signature .			