



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? 1538	Please mail this form or drop off with your donation to this address:
Taz Visram Name	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 Name	Each cheque must come with its own donation form.
	prporate donations only)	 All donations will be credited in Canadian dollars.
Mailing Address	Province Postal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-transferable.
Phone Number (manda	tory for credit card payments)	 Ask your company if they provide matching gifts for donations.
breakthroughs, late	ereceive emails from the BC Cancer Foundation about research est news and events, and fundraising initiatives. EVEL OF DONATION ything you can give. Every dollar helps save more lives!	BC Cancer Foundation, please visit: bccancerfoundation.com
\$2,500 \$1,500 \$1,500 \$\$1,000 \$500 \$\$250 \$\$ \$ \$\$	Ambassador Challenger Champion Catalyst Supporter Custom Ambassador Challenger Champion Catalyst Catalyst Custom Catalyst C	
Please enter your na	me or message as you would like it to appear on the participant's Honor	ur Roll
□ I do not want my n	v the amount of my gift on the participant's Honour Roll. ame to appear on the Tour de Cure website.	
SELECT BETWEEN Personal Cheque	TWO EASY PAYMENT OPTIONS Single payment in full only. Please make cheques payable to Tour de Cure. number on all cheques.	Include participant name and
☐ Credit card	Single or monthly payments. Your statement(s) will read Tour de Cure BC C immediately upon the processing of this form by the donation office.	Cancer. Payments commence
Card Number	cvv	Exp
Cardholder Name	Cardholder Signature	