



2024 DONATION FORM

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

WHO ARE YOU DO		160				Please mail this form or drop off with your donation to this address:
EBH Cares	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT T	O APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
E M						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 dollars.
Mailing Address						All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provi	ince	Postal Co	ode		transferable.
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC test news and events, and fu EVEL OF DONATION Bything you can give. Every o	ndraising initiat	ives.	earch		please visit: bccancerfoundation.com
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly pa	Over Time		er and	
Please enter your na	me or message as you wou	ld like it to appe	ear on the part	cipant's Hor	nour Roll	
•	w the amount of my gift on th		Honour Roll.			_
SELECT BETWEEN	TWO EASY PAYMENT OP	TIONS				
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make che	eques payable to	o Tour de Cur	re. Include p	participant 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	Ехр	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardhold	er Signature .			