



2024 DONATION FORM

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

| WHO ARE YOU DONATING TO? | | | | | | Please mail this form or drop off with your donation to this address: | |
|---|--|-------------------|--------------------------|---------------|--|--|--|
| lvy Yu Name | Participant number | | | | BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1 | | |
| PLEASE PRINT CL | EARLY, AS YOU WISH IT TO | APPEAR ON | YOUR TAX RE | CEIPT | | You can also donate online at tourdecure.ca | |
| | | | | | | Each cheque must come with its own donation form. | |
| First Name | Last Name | | | | | All donations will be credited in Canadian | |
| Company name (for Co | orporate donations only) | | | | | dollars. | |
| Mailing Address | | | | | | All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- | |
| City | Provin | ce | 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 fun | | | search | | For more information about BC Cancer Foundation, please visit: bccancerfoundation.com | |
| CHOOSE YOUR LE | EVEL OF DONATION | | | | | | |
| We're grateful for an | ything you can give. Every de | ollar helps save | more lives! | | | | |
| □ \$2,500 | Ambassador | Payments (| | _ | | | |
| □ \$1,500 | Challenger | (monthly na | monthly yments must b | payments of | | | |
| □ \$1,000 | Champion | | nd beyond Aug | | | | |
| □ \$500 □ \$250 | Catalyst Supporter | | | | | | |
| □ \$ | Custom | | | | | | |
| Please enter your na | me or message as you would | d like it to appe | ar on the part | icipant's Hor | nour Roll | | |
| • | w the amount of my gift on the name to appear on the Tour de | | onour Roll. | | | _ | |
| SELECT BETWEEN | TWO EASY PAYMENT OPT | IONS | I | | | | |
| ☐ Personal Cheque | Single payment in full only. P number on all cheques. | lease make che | ques payable t | o Tour de Cui | re. Include ¡ | 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 _ | | Cardholde | r Signature . | | | | |