



2024 DONATION FORM

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

	e you donating to? 7 Zilkev 1645					Please mail this form or drop off with your donation to this address:
Ryker Zilkey 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
First Name						Each cheque must come with its own donation form.
First Name	Last N	iame				 All donations will be credited in Canadian
Company name (for Co	orporate donations only)					dollars. • All donations are 100% tax
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	nce	Postal Co	ode		transferable.
Phone Number (manda	atory 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			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	nything you can give. Every d	ollar helps sav	e more lives!			
□ \$2,500	Ambassador	Payments	Over Time			
□ \$1,500	Challenger			payments of		
□ \$1,000	Champion		ayments must be and beyond Aug			
□ \$500	Catalyst	Carinot exte	ina beyona Aug	ust 31, 2025)./	
□ \$250 □ ·	Supporter					
□\$	Custom					
Please enter your na	ime or message as you would	d like it to appe	ear on the parti	cipant's Ho	onour Roll	
	w the amount of my gift on the name to appear on the Tour de		Ionour Roll.			_
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS				
☐ Personal Cheque	Single payment in full only. P	Please make che	eques payable to	o Tour de Cı	ure. 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	Exp	□ Visa □ Mastercard □ Amex
Cardholder Name _		Cardholde	er Signature			