



2024 DONATION FORM

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

	Dana Zwirewich 1649					Please mail this form or drop off with your donation to this address:	
Dana Zwirev	vicn	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 Y	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
 First Name		Name -				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	de		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	indraising initiative	es.	earch		please visit: bccancerfoundation.com	
_	nything you can give. Every o	•					
<pre>□ \$2,500</pre> □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom						
Please enter your na	ime or message as you wou	ld like it to appea	r on the parti	cipant's Hono	our Roll		
☐ I do not want my n	w the amount of my gift on th name to appear on the Tour d	e Cure website.	nour Roll.			-	
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS					
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make cheq	ues payable to	Tour de Cure	. Include p	articipant 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 _		Cardholder	Signature _				