



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?					C	Please mail this form or drop off with your donation to this address:	
Ray DeMeye	r 1679 Participant number				E 1	BC Cancer Foundation .50-686 W. Broadway /ancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT	Y	ou can also donate online at ourdecure.ca	
						Each cheque must come	
First Name	Last N	lame				with its own donation form.All donations will be	
Company name (for Corporate donations only)						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	Provir	nce	Postal Co	de		transferable.	
Phone Number (manda	atory for credit card payments)					 Ask your company if they provide matching gifts for donations. 	
	o receive emails from the BC test news and events, and fur			earch	E p	For more information about BC Cancer Foundation, please visit: pccancerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	nything you can give. Every d	ollar helps save i	more lives!				
□ \$2,500	Ambassador	Payments O	ver Time				
□ \$1,500	Challenger			payments of \$			
□ \$1,000	Champion		ments must be d beyond Aug	\$25 or higher	and		
□ \$ 500	Catalyst	Carmot extern	u beyond Aug	JSC 31, 2023.)			
□ \$250	Supporter						
□\$	Custom						
Please enter your na	ame or message as you would	d like it to appea	r on the parti	cipant's Hono	ur Roll		
-	w the amount of my gift on the name to appear on the Tour de		nour Roll.				
SELECT BETWEEN	I TWO EASY PAYMENT OPT	ΓIONS					
☐ Personal Cheque	Single payment in full only. F	Please make cheq	ues payable to	Tour de Cure.	Include par	ticipant 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 _		Cardholder	Signature _				