



2024 DONATION FORM

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

who are you do		Please mail this form or drop off with your donation to this address:
Name	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	ARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RECE	You can also donate online at tourdecure.ca
First Name	Last Name	• Each cheque must come with its own donation form.
Company name (for Co		All donations will be credited in Canadian dollars.
Mailing Address	Province Postal Code	All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-transferable.
Phone Number (manda	ory for credit card payments)	Ask your company if they provide matching gifts for donations.
breakthroughs, late	receive emails from the BC Cancer Foundation about researest news and events, and fundraising initiatives. VEL OF DONATION vthing you can give. Every dollar helps save more lives!	BC Cancer Foundation, please visit: bccancerfoundation.com
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassador Challenger Champion Catalyst Supporter Custom Ambassador Payments Over Time ————————————————————————————————————	25 or higher and
Please enter your na	ne or message as you would like it to appear on the particip	pant's Honour Roll
☐ I do not want my na	the amount of my gift on the participant's Honour Roll. The to appear on the Tour de Cure website.	
SELECT BETWEEN TWO EASY PAYMENT OPTIONS Personal Cheque Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and		
☐ Credit card	number on all cheques. Single or monthly payments. Your statement(s) will read Tour of the characters of the form by the department.	
Card Number	immediately upon the processing of this form by the donation	office. □ Visa □ Mastercard
Cardholder Name	Cardholder Signature	□ Amex