



2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?				Please mail this form or drop off with your donation to this
Nayha Gidda	iyha Gidda 1703			address:	
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 Y	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
First Name	Last N	ame			Each cheque must come with its own donation form.
				 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	de	transferable.
Phone Number (manda	tory for credit card payments)				 Ask your company if they provide matching gifts for donations.
Email (to receive tax rec	ceipt by email)				For more information about BC Cancer Foundation,
breakthroughs, lat	o receive emails from the BC est news and events, and fun			earch	bccancerfoundation.com
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O	ver Time		
□ \$1,500	Challenger		monthly	payments of \$ _	
□ \$1,000	Champion			\$25 or higher and	d
□ \$500	Catalyst	cannot exten	d beyond Augi	ist 31, 2023.)	
□ \$250	Supporter				
□\$	Custom				
Please enter your na	me or message as you would	d like it to appea	r on the parti	cipant's Honour F	Roll
	v the amount of my gift on the ame to appear on the Tour de	-	nour Roll.		
_ I do not want my n	arrie to appear on the rour de	Cure website.			
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheq	ues payable to	Tour de Cure. Inc	clude 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
Cardholder Name _		Cardholder	Signature _		