



2024 DONATION FORM

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

WHO ARE YOU DO		1713			Please mail this form or drop off with your donation to this address:
Martin Szcze	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
E M					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	Pro	vince	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 B test news and events, and f EVEL OF DONATION Bything you can give. Every	undraising initiati	ves.	earch	please visit: bccancerfoundation.com
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (Over Time monthly	payments of \$ _ e \$25 or higher an ust 31, 2023.)	<u>d</u>
Please enter your na	me or message as you wo	uld like it to appe	ear on the parti	cipant's Honour	Roll
•	w the amount of my gift on the amount of the Tour of		Ionour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT O	PTIONS			
☐ Personal Cheque	Single payment in full only number on all cheques.	. Please make che	eques payable to	Tour de Cure. In	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 _		Cardholde	er Signature .		