



2024 DONATION FORM

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

WHO ARE YOU D		4=45			Please mail this form or drop off with your donation to this address:
Kyle Demes		1716 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
					Each cheque must come with its own donation form.
First Name	Last Name			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	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			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR L	test news and events, and fun EVEL OF DONATION nything you can give. Every do	-			
□ \$2,500	Ambassador	Payments			
□ \$1,500	Challenger		monthly	payments of \$	
□ \$1,000	Champion			\$25 or higher and	
□ \$500	Catalyst	cannot exte	end beyond Aug	ust 31, 2023.)	
□ \$250	Supporter				
□ \$	Custom				
Please enter your na	ame or message as you would	d like it to appe	ear on the parti	cipant's Honour Ro	oll
•	w the amount of my gift on the name to appear on the Tour de		Ionour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	Please make che	eques payable to	Tour de Cure. Inclu	ude 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 _		Cardhold	er Signature _		