



## 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?  Charley McIntyre 1734						Please mail this form or drop off with your donation to this address:
Charley McIr	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR 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
Company name (for Co	riporate doriations only)					dollars.  • All donations are 100% tax
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provii	nce	Postal Co	de		transferable.
Phone Number (mandatory for credit card payments)						<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email)  o receive emails from the BC test news and events, and ful			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	nything you can give. Every o	dollar helps save	more lives!			
<b>□</b> \$2,500	Ambassador	Payments O	ver Time			
□ \$1,500	Challenger	,		payments of \$		
☐ \$1,000	Champion		ments must be d beyond Augi	\$25 or higher	and	
□ \$500	Catalyst	Carriot exteri	a beyona Augi	33( 31, 2023.)		
□ \$250	Supporter					
Selection Please enter your na	Custom ame or message as you woul	d like it to appea	r on the parti	cipant's Hono	ur Roll	
-	w the amount of my gift on th name to appear on the Tour de		nour Roll.			
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS				
☐ Personal Cheque	Single payment in full only. I number on all cheques.	Please make cheq	ues payable to	Tour de Cure.	Include pa	rticipant 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	Ехр	☐ Visa☐ Mastercard☐ Amex
Cardholder Name _		Cardholder	Signature _			