



2024 DONATION FORM

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

WHO ARE YOU DO	NATING TO?	Please mail this form or drop off with your donation to this address:
Tim Srigley Name	Participant numbe	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	ARLY, AS YOU WISH IT TO APPEAR ON YOUR ⁻	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 P	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 ab est news and events, and fundraising initiatives. VEL OF DONATION	
\$2,500 \$1,500 \$1,500 \$\$1,000 \$500 \$\$250 \$\$ \$ \$\$	Champion (monthly payments	
Please enter your na	ne or message as you would like it to appear on th	the participant's Honour Roll
-	the amount of my gift on the participant's Honour R me to appear on the Tour de Cure website.	Roll.
SELECT BETWEEN	TWO EASY PAYMENT OPTIONS	
☐ Personal Cheque	Single payment in full only. Please make cheques pa number on all cheques.	payable to Tour de Cure. Include participant name and
☐ Credit card	Single or monthly payments. Your statement(s) will rimmediately upon the processing of this form by the	l read Tour de Cure BC Cancer. Payments commence ne donation office.
Card Number		CVV Exp Visa
Cardholder Name	Cardholder Signat	□ Amex