



## 2024 DONATION FORM

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

WHO ARE YOU DONAT	ING TO?	1737	Please mail this form or drop off with your donation to this address:
Tour de Friends Name		Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEARLY	, AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	me	• Each cheque must come with its own donation form.
Company name (for Corporate donations only)			<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address	Province	e Postal Code	<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.</li> </ul>
Phone Number (mandatory for credit card payments)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ve emails from the BC Cows and events, and fund	ancer Foundation about research raising initiatives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for anything  □ \$2,500  □ \$1,500  □ \$1,000  □ \$500  □ \$250  □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ monthly payments of \$ monthly payments must be \$25 or higher and cannot extend beyond August 31, 2023.)	_
Please enter your name or	message as you would	like it to appear on the participant's Honour Roll	
	o appear on the Tour de C	Cure website.	e participant name and
☐ <b>Credit card</b> Singl	e or monthly payments. Y	our statement(s) will read Tour de Cure BC Cancer. ing of this form by the donation office.	•
Card Number		CVV	∨ Visa
Cardholder Name		Cardholder Signature	