



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?			Please mail this form or drop off with your donation to this
Team Hubs and Buds Cycle for the¹ੴ∯e			address:
Name	•	rticipant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO APPEA	R ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Name		• Each cheque must come with its own donation form.
			All donations will be credited in Canadian
Company name (for C	prporate donations only)		dollars.
Mailing Address			 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Province	Postal Code	transferable.
Phone Number (mand	ntory for credit card payments)		 Ask your company if they provide matching gifts for donations.
,	o receive emails from the BC Cancer I		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
_	est news and events, and fundraising EVEL OF DONATION	iridatives.	
	_	ns save more lives!	
_	ything you can give. Every dollar hel		
□ \$2,500 □ \$4.500	_	nents Over Time monthly payments of \$	
□ \$1,500 □ \$1,000	Characian (mor	othly payments must be \$25 or higher and	-
□ \$1,000 □ \$500	Champion	ot extend beyond August 31, 2023.)	
□ \$300 □ \$250	Catalyst Supporter		
□ \$230 □ \$	Custom		
Please enter your n	me or message as you would like it t	o appear on the participant's Honour Roll	
•	w the amount of my gift on the particip ame to appear on the Tour de Cure we		_
SELECT BETWEEN	TWO EASY PAYMENT OPTIONS		
			
□ Personal Cheque	number on all cheques.	ike cheques payable to Tour de Cure. Include	e participant name and
☐ Credit card	Single or monthly payments. Your sta immediately upon the processing of t	tement(s) will read Tour de Cure BC Cancer. his form by the donation office.	
Card Number		CVV	
Cardholder Name	Ca	rdholder Signature	☐ Amex
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