



2024 DONATION FORM

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

| WHO ARE YOU DO | | 1741 | | Please mail this form or drop off with your donation to this address: |
|---|--|-------------------------------|---|--|
| Faraaz Karir | <u>n</u> | 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 | RECEIPT | You can also donate online at tourdecure.ca |
| First Name | L a st NI | | | 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 dollars. |
| Mailing Address | | | | All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), |
| City | Provinc | ce Postal | Code | non-refundable and non- transferable. |
| Phone Number (mandatory for credit card payments) | | | | Ask your company if they provide matching gifts for donations. |
| breakthroughs, lat | o receive emails from the BC (test news and events, and fun- EVEL OF DONATION bything you can give. Every do | draising initiatives. | | please visit: bccancerfoundation.com |
| \$2,500 \$1,500 \$1,000 \$500 \$250 \$ | Ambassador Challenger Champion Catalyst Supporter Custom | Payments Over Time | hly payments of \$ t be \$25 or higher and | _ |
| Please enter your na | ime or message as you would | d like it to appear on the pa | articipant's Honour Roll | |
| • | w the amount of my gift on the name to appear on the Tour de | | | |
| SELECT BETWEEN | I TWO EASY PAYMENT OPT | IONS | | |
| ☐ Personal Cheque | Single payment in full only. Pl number on all cheques. | lease make cheques payabl | e to Tour de Cure. Includ | e 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 | xp ☐ Visa ☐ Mastercard ☐ Amex |
| Cardholder Name _ | | Cardholder Signature | | |