



## 2024 DONATION FORM

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

WHO ARE YOU DON. Sue Scholtz	Scholtz 1754				Please mail this form or drop off with your donation to this address:		
Name		Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLEAF	RLY, AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
First Name	Last Na	2000				• Each cheque must come with its own donation form.	
riist Name	Last Name					All donations will be credited in Canadian	
Company name (for Corpo	rate donations only)					dollars.	
Mailing Address						<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>	
City	Provinc	ce	Postal Co	ode		transferable.	
Phone Number (mandatory for credit card payments)						<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>	
	t by email) ceive emails from the BC ( news and events, and fund			search		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LEVE	L OF DONATION						
We're grateful for anyth	ing you can give. Every do	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments (	Over Time				
□ \$1,500	Challenger		monthly	payments		_	
□ \$1,000	Champion		yments must b				
□ \$500	Catalyst	cannot exte	nd beyond Aug	just 31, 202	23.)		
□ \$250	Supporter						
□ \$	Custom						
Please enter your name	or message as you would	l like it to appe	ar on the part	icipant's H	lonour Roll		
	e amount of my gift on the e to appear on the Tour de (		onour Roll.			_	
SELECT BETWEEN TV	VO EASY PAYMENT OPT	IONS					
-	ngle payment in full only. Pl ımber on all cheques.	ease make che	ques payable t	o Tour de C	Cure. Includ	e participant name and	
	ngle or monthly payments. Imediately upon the proces				BC Cancer.		
Card Number				CVV	E	xp	
Cardholder Name		Cardholde	er Signature			☐ Amex	