



## 2024 DONATION FORM

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

WHO ARE YOU DO	Jalbout 1761					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 CL	EARLY, AS YOU WISH IT TO	APPEAR ON	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
First Name	Look N					<ul> <li>Each cheque must come with its own donation form.</li> </ul>	
First Name	Last N	arrie				<ul> <li>All donations will be credited in Canadian</li> </ul>	
Company name (for Co	orporate 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	Provin	се	Postal Co	de		transferable.	
Phone Number (manda	atory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>	
,	o receive email)  sest news and events, and fun			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments C	Over Time				
□ \$1,500	Challenger			payments o			
□ <b>\$1,000</b>	Champion		yments must be				
<b>□ \$500</b>	Catalyst	Carmot exter	nd beyond Aug	ust 31, 2023	.)		
□ \$250	Supporter						
□\$	Custom						
Please enter your na	me or message as you would	d like it to appe	ar on the parti	cipant's Ho	nour Roll		
	w the amount of my gift on the name to appear on the Tour de		onour Roll.			-	
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS					
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make che	ques payable to	Tour de Cu	ıre. Include p	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	Exp	☐ Visa ☐ Mastercard ☐ Amex	
Cardholder Name _		Cardholde	r Signature				