



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? Cheryl Dickinson 1767						Please mail this form or drop off with your donation to this address:
Cheryl Dickinson		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 R	ECEIPT		You can also donate online at tourdecure.ca
						Each cheque must come with its own donation form.
Last Name Lost Name Company name (for Corporate donations only)						All donations will be credited in Canadian
Company name (for Corporate	a definations only)					dollars. • All donations are 100% tax
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), — non-refundable and non-
City	Provinc	ce	Postal C	ode		transferable.
Phone Number (mandatory for	r credit card payments)					 Ask your company if they provide matching gifts for donations.
Email (to receive tax receipt by Yes, I would like to receive breakthroughs, latest new	ve emails from the BC (search		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LEVEL C						
We're grateful for anything □ \$2,500	you can give. Every do Ambassador		e more lives! Over Time			
		Payments		y payment	s of \$	
□ \$1,500 □ \$1,000	Challenger	(monthly p	ayments must I			
□ \$1,000 □ \$500	Champion Catalyst	cannot ext	end beyond Au	gust 31, 20	23.)	
□ \$250 □ \$250	Supporter					
□ \$	Custom					
Please enter your name or	message as you would	I like it to app	ear on the par	ticipant's l	Honour R	loll
□ I prefer not to show the a □ I do not want my name to	appear on the Tour de	Cure website.	Honour Roll.			
SELECT BETWEEN TWO	EASY PAYMENT OPT	IONS				
	e payment in full only. Pl per on all cheques.	lease make ch	eques payable	to Tour de	Cure. Incl	lude participant name and
	e or monthly payments. diately upon the proces					cer. Payments commence
Card Number				CVV		Exp Visa Mastercard
Cardholder Name		Cardhold	ler Signature			