



## 2024 DONATION FORM

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

WHO ARE YOU DO		1769			Please mail this form or drop off with your donation to this address:	
Name	i <del>c</del>	Participan	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1			
PLEASE PRINT CL	EARLY, AS YOU WISH IT	TO APPEAR ON	YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca	
First Name		at Name			Each cheque must come     with its own donation forn	
First Name		st Name			All donations will be credited in Canadian	
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	Pro	ovince	Postal Co	de	transferable.	
Phone Number (manda	atory for credit card payments	5)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>	
,	ceipt by email) o receive emails from the E test news and events, and			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	nything you can give. Ever	y dollar helps save	more lives!			
□ \$2,500	Ambassado	r Payments (				
□ <b>\$1,500</b>	Challenger	/ (no o no tip l) / (no o		payments of \$		
□ \$1,000	Champion		nd beyond Aug	e \$25 or higher a ust 31. 2023.)	ariu	
□ \$500	Catalyst		, ,			
□ \$250 □ \$	Supporter Custom					
Please enter your na	ame or message as you wo	ould like it to appe	ar on the parti	cipant's Honou	ur Roll	
☐ I do not want my n	w the amount of my gift on name to appear on the Tour	de Cure website.	onour Roll.			
SELECT BETWEEN	I TWO EASY PAYMENT C	PTIONS				
☐ Personal Cheque	Single payment in full only number on all cheques.	y. Please make che	ques payable to	Tour de Cure. I	Include 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	
Cardholder Name		Cardholde	er Signature		☐ Amex	