



2024 DONATION FORM

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

	HO ARE YOU DONATING TO?					Please mail this form or drop off with your donation to this address:
Ella Li 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	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
 First Name	LA-N					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	Provin	ice	Postal Co	ode		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	ndraising initiati	ves.	earch		please visit: bccancerfoundation.com
 \$2,500 \$1,500 \$1,000 \$500 \$250 \$ 	Ambassador Ambassador Challenger Champion Catalyst Supporter Custom	Payments (Over Time			
	me or message as you would	d like it to appe	ar on the part	cipant's Hon	our Roll	
☐ I do not want my n	w the amount of my gift on the lame to appear on the Tour de	Cure website.	onour Roll.			-
☐ Personal Cheque	Single payment in full only. P	lease make che	ques payable to	o Tour de Cure	e. 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	Ехр	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholde	er Signature .			