



2024 DONATION FORM

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

	RE YOU DONATING TO?							Please mail this form or drop off with your donation to this address:	
Darren Hagn	nan	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YO	J WISH IT TO	APPEAR ON	I YOUR TAX	RECEIP	Т		You can also donate online at tourdecure.ca	
First Name		Last Na	ıme					Each cheque must come with its own donation form.	
Company name (for Corporate donations only)								 All donations will be credited in Canadian dollars. 	
Mailing Address City		Provinc	ce	Posta	l Code			 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable. 	
Phone Number (mandatory for credit card payments)								 Ask your company if they provide matching gifts for donations. 	
☐ Yes, I would like to breakthroughs, lat	test news and e	events, and fund	draising initia	tives.		1		BC Cancer Foundation, please visit: bccancerfoundation.com	
\$2,500	Challenger monthly payments of \$ Champion Champion cannot extend beyond August 31, 2023.)						 nd		
Please enter your na	ame or message	e as you would	like it to app	ear on the p	articipar	ıt's Honou	r Roll		
☐ I prefer not to show ☐ I do not want my n SELECT BETWEEN	name to appear	on the Tour de C	Cure website.		le to Tou	r da Cura II	nclude n	articinant name and	
□ Personal Cheque□ Credit card	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques. 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.						□ Visa		
Card Number					CV\	,	Ехр	☐ Mastercard	
Cardholder Name			Cardholo	der Signature					