



2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?					Please mail this form or drop off with your donation to this	
Aimas IIIsaas	nee Illescas 1793 e Participant number					address:	
Name Name						BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	OUR TAX REC	CEIPT		You can also donate online at tourdecure.ca	
First Name	Last N	ame				• Each cheque must come with its own donation form.	
						 All donations will be credited in Canadian 	
Company name (for Co	orporate donations only)					dollars.	
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- 	
City	Provin	ce	Postal Cod	le		transferable.	
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations. 	
,	ceipt by email) o receive emails from the BC eest news and events, and fun			arch		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 r	nore lives!				
□ \$2,500	Ambassador	Payments Ov	er Time				
□ \$1,500	Challenger			payments of \$			
□ \$1,000	Champion		ments must be		and		
□ \$500	Catalyst	Carmot extend	d beyond Augu	15(31, 2023.)			
□ \$250	Supporter						
□ \$	Custom						
Please enter your na	me or message as you would	d like it to appear	on the partic	ipant's Hono	ur Roll		
	v the amount of my gift on the ame to appear on the Tour de		nour Roll.			-	
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS					
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.						
☐ 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 _		Cardholder	Signature _				