



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?				Please mail this form or drop off with your donation to this address:	
Warner Fong	<u>}</u>	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 RECEIPT	-	You can also donate online at tourdecure.ca
					 Each cheque must come with its own donation form.
First Name	Last No.	ame			All donations will be credited in Canadian
Company name (for Co	rporate doriations only)				dollars. • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	ce	Postal Code		transferable.
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations.
	ceipt by email) o receive emails from the BC (test news and events, and fun		bout research		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. Every do	ollar helps save more	e lives!		
□ \$2,500	Ambassador	Payments Over T			
☐ \$1,500	Challenger		monthly payme		
□ \$1,000	Champion	(monthly payment cannot extend bey			
□ \$500	Catalyst	carinot exteria be	rona August 51,	2025.)	
□ \$250 □ \$	Supporter Custom				
	me or message as you would	I like it to appear on	the participant	s's Honour Ro	oll
•	w the amount of my gift on the name to appear on the Tour de		Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheques p	ayable to Tour	de Cure. Inclı	ude 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 Mastercard Amex
Cardholder Name _		Cardholder Signa	ature		