



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:
Rob Hamelir	1	1805 Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOU	JR TAX REC	EIPT	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	orporate donations only)				dollars. • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provinc	ce	Postal Cod	e	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 (est news and events, and fun		n about rese	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 mo	ore lives!		
□ \$2,500	Ambassador	Payments Ove	r Time		
□ \$1,500	Challenger	,		ayments of \$	
☐ \$1,000	Champion	(monthly payme cannot extend b			nd
□ \$500	Catalyst	carriot exterio i	Deyona Augu	3(31, 2023.)	
□ \$250	Supporter				
Selection Please enter your na	Custom me or message as you would	I like it to appear c	on the partic	ipant's Honoui	r Roll
•	w the amount of my gift on the name to appear on the Tour de		ur Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	lease make cheque	s payable to	Tour de Cure. Ir	nclude 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
Cardholder Name _		Cardholder Sid	nature		