



2024 DONATION FORM

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

	Sean Kristiansen 1819				Please mail this form or drop off with your donation to this address:
Name	nsen	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		at Nama			• 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), non-refundable and non-
City	Pr	ovince	Postal Co	de	transferable.
Phone Number (manda	atory for credit card payment	s)			 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the test news and events, and EVEL OF DONATION Bything you can give. Ever	fundraising initiati	ves.	earch	bccancer foundation.com
<pre>□ \$2,500</pre> □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassado Challenger Champion Catalyst Supporter Custom	(monthly pa	monthly	payments of \$ e \$25 or higher a ust 31, 2023.)	nnd
Please enter your na	ime or message as you w	ould like it to appe	ear on the parti	cipant's Honou	r Roll
-	w the amount of my gift on name to appear on the Tour		Ionour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT (OPTIONS			
☐ Personal Cheque	Single payment in full onl number on all cheques.	y. Please make che	eques payable to	Tour de Cure. I	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
Cardholder Name _		Cardholde	er Signature _		