



2024 DONATION FORM

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

	Simon Zhong 1834			Please mail this form or drop off with your donation to this address:	
Simon Zhong	<u>J</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 YOU	R TAX RECEIP	Т	You can also donate online at tourdecure.ca
E M					 Each cheque must come with its own donation form.
First Name Company name (for Co	Name Last Name pany name (for Corporate donations only)				All donations will be credited in Canadian
Company name (for Co	or porate 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 (mandatory 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		about 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 mor	e lives!		
□ \$2,500	Ambassador	Payments Over			
☐ \$1,500	Challenger	,	monthly paym		
☐ \$1,000	Champion	(monthly paymen cannot extend be			
□ \$500	Catalyst	carriot exterio be	yona August 51,	, 2025.)	
□ \$250	Supporter				
Selection Please enter your na	Custom ime or message as you would	d like it to appear on	the participan	t'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	payable to Tour	de Cure. Incl	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
Cardholder Name _		Cardholder Sign	ature		