



2024 DONATION FORM

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

	No. of the last of		
WHO ARE YOU DO		4000	Please mail this form or drop off with your donation to this address:
Roman Svirs Name	nchevs&'kyy	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	ARLY, AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	me	 Each cheque must come with its own donation form.
Company name (for Corporate donations only)			 All donations will be credited in Canadian dollars.
Mailing Address	Provinc	te Postal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)			 Ask your company if they provide matching gifts for donations.
breakthroughs, late	receive emails from the BC Cest news and events, and fund		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an <u>y</u> □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	ything you can give. Every do Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2023.)	-
Please enter your nar	me or message as you would	like it to appear on the participant's Honour Roll	
□ I do not want my na	the amount of my gift on the ame to appear on the Tour de C	Cure website.	
☐ Personal Cheque	Single payment in full only. Plo number on all cheques.	ease make cheques payable to Tour de Cure. Include	e participant name and
☐ Credit card		our statement(s) will read Tour de Cure BC Cancer. sing of this form by the donation office.	•
Card Number		CVV E:	∨ Visa ☐ Mastercard ☐ Amex
Cardholder Name		Cardholder Signature	