



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? Tara Schmunk 1842						Please mail this form or drop off with your donation to this address:	
Tara Schmu	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
						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	
Company name (for Co	orporate donations only)					dollars.	
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- 	
City	Provin	nce	Postal Co	de		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 fur			earch		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 d	Iollar helps save	more lives!				
□ \$2,500	Ambassador	Payments O					
□ \$1,500	Challenger	(monthly nav	monthly ments must be	payments of \$ \$25 or higher			
□ \$1,000	Champion		d beyond Augi		i dila		
□ \$500 □ \$250	Catalyst Supporter						
□ \$	Custom						
Please enter your na	ame or message as you woul	d like it to appea	r on the parti	cipant's Hono	our Roll		
•	w the amount of my gift on th name to appear on the Tour de		nour Roll.			_	
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS					
☐ Personal Cheque	Single payment in full only. I number on all cheques.	Please make cheq	ues payable to	Tour de Cure	. Include p	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	Ехр	☐ Visa ☐ Mastercard ☐ Amex	
Cardholder Name _		Cardholder	Signature _				