



2024 DONATION FORM

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

WHO ARE YOU DO		1852			Please mail this form or drop off with your donation to this address:
Sarah Bonso)!	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 RECEIPT		You can also donate online at tourdecure.ca
 First Name					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	Provin	ice P	ostal Code		transferable.
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC test news and events, and fun	draising initiatives.			please visit: bccancerfoundation.com
 \$2,500 \$1,500 \$1,000 \$500 \$250 \$ 	Ambassador Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Ti	ne nonthly payments o must be \$25 or hig	her and	
Please enter your na	ime or message as you would	d like it to appear on t	ne participant's Ho	onour Roll	
•	w the amount of my gift on the name to appear on the Tour de		Poll.		_
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheques pa	yable to Tour de Cı	ure. 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 Signat	ure		