



2024 DONATION FORM

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

| WHO ARE YOU DO | | 1893 | | | Please mail this form or drop off with your donation to this address: |
|---|--|---|--|----------------|--|
| Saeed Hami | <u>u</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 YOUR | R TAX RECEIP | Τ | You can also donate online at tourdecure.ca |
| E M | | | | | Each cheque must come with its own donation form. |
| First Name Company name (for Company name) | Last Name Last Name Company name (for Corporate donations only) | | | | |
| Mailing Address | | | | | dollars. All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), |
| City | Provin | ce | Postal Code | | non-refundable and non- 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 EVEL OF DONATION Bything you can give. Every do | draising initiatives. | | | please visit: bccancerfoundation.com |
| \$2,500 \$1,500 \$1,000 \$500 \$250 \$ | Ambassador Challenger Champion Catalyst Supporter Custom | Payments Over 1 (monthly paymen cannot extend be | Fime . monthly paym ts must be \$25 o | or higher and | |
| Please enter your na | 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. Incli | 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 Amex |
| Cardholder Name _ | | Cardholder Sign | ature | | |