



## 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?					Please mail this form or drop off with your donation to this address:
Gord Kurenc	<u>)TT                                   </u>	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT T	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					All donations will be credited in Canadian
Company name (for Co	orporate donations only)				dollars.
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Prov	ince	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email) o receive emails from the BC test news and events, and fu			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	dollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O	ver Time		
□ \$1,500	Challenger	,		payments of \$	
□ <b>\$1,000</b>	Champion			\$25 or higher a	nd
□ \$ <b>500</b>	Catalyst	Carmot exter	id beyond Augi	15( 31, 2023.)	
□ \$250	Supporter				
□\$	Custom				
Please enter your na	ame or message as you wou	lld like it to appea	r on the parti	cipant's Honour	Roll
•	w the amount of my gift on the amount of the Tour d		onour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OP	PTIONS			
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make chec	ues payable to	Tour de Cure. Ir	oclude 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	Signature _		