



## 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:	
Karen Wiltsh	ilre	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  Company name (for Corporate donations only)					All donations will be credited in Canadian
Company name (for Co	этрогате donations only)				dollars.  • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Prov	vince	Postal Cod	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 Bo test news and events, and fu			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION	I			
We're grateful for an	nything you can give. Every	dollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O	ver Time		
□ <b>\$1,500</b>	Challenger	,		payments of \$	<del></del>
☐ \$1,000	Champion		ments must be d beyond Augı	\$25 or higher and	
□ \$500	Catalyst	Carinot exteri	a beyona Augi	13( 31, 2023.)	
□ \$250	Supporter				
Selection Please enter your na	Custom ame or message as you wou	uld like it to appea	r on the partic	cipant's Honour R	oll
•	w the amount of my gift on t name to appear on the Tour o		nour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OF	PTIONS			
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make cheq	ues payable to	Tour de Cure. Inc	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
Cardholder Name _		Cardholder	Signature _		