



2024 DONATION FORM

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

WHO ARE YOU DONAT	Hilton 1939					Please mail this form or drop off with your donation to this address: BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
Name		Participant number					
PLEASE PRINT CLEARL	Y, AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
First Name	Last Na					Each cheque must come with its own donation form.	
-irst Name	Last Na	arrie				All donations will be gradited in Canadian	
Company name (for Corpora	te donations only)					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	Provinc	ce	Postal Co	ode		transferable.	
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations. 	
Email (to receive tax receipt b Yes, I would like to rece breakthroughs, latest n				earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LEVEL	OF DONATION						
We're grateful for anythin	g you can give. Every do	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments (Over Time				
□ \$1,500	Challenger			payments of			
□ \$1,000	Champion		yments must b				
□ \$500	Catalyst	cannot exte	nd beyond Aug	ust 31, 2023.	.)		
□ \$250	Supporter						
□ \$	Custom						
Please enter your name o	r message as you would	I like it to appe	ar on the part	cipant's Ho	nour Roll		
☐ I prefer not to show the☐ I do not want my name t			onour Roll.			_	
SELECT BETWEEN TWO	D EASY PAYMENT OPT	IONS					
	le payment in full only. Pl ber on all cheques.	lease make che	ques payable to	o Tour de Cu	ıre. Include ı	participant name and	
_	le or monthly payments. rediately upon the proces				C Cancer. P		
Card Number				CVV	Ехр		
Cardholder Name		Cardholde	er Signature			☐ Amex	