



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? Andrea Marriott 1949					off	Please mail this form or drop off with your donation to this address:	
Andrea Marr	Participant number				15	C Cancer Foundation 0-686 W. Broadway ncouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT	Yo	u can also donate online at urdecure.ca	
						Each cheque must come with its own donation form.	
First Name		Name			•	All donations will be credited in Canadian	
Company name (for Co	orporate donations only)					dollars.	
Mailing Address					•	All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-	
City	Provi	nce	Postal Co	de		transferable.	
Phone Number (manda	atory for credit card payments)				•	Ask your company if they provide matching gifts for donations.	
	ceipt by email) o receive emails from the BC test news and events, and ful			earch	BC ple	r more information about C Cancer Foundation, ease visit: cancerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	nything you can give. Every c	dollar helps save	more lives!				
□ \$2,500	Ambassador	Payments O					
□ \$1,500	Challenger	(monthly nav		payments of \$ e \$25 or higher			
☐ \$1,000	Champion		id beyond Augi		ariu		
□ \$500 □ \$250	Catalyst		, ,				
□ \$	Supporter Custom						
Please enter your na	ame or message as you woul	d like it to appea	r on the parti	cipant's Hono	ur Roll		
-	w the amount of my gift on th name to appear on the Tour de		onour Roll.				
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS					
☐ Personal Cheque	Single payment in full only. I number on all cheques.	Please make chec	ues payable to	Tour de Cure.	Include parti	cipant 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	Signature _				