



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:	
Neil Burns Name	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 TAX RE	CEIPT		You can also donate online at tourdecure.ca	
						Each cheque must come with its own donation form.	
Eirst Name Last Name Company name (for Corporate donations only)						 All donations will be credited in Canadian 	
Company name (for Co	orporate donations only)					dollars.All donations are 100% tax	
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-	
City	Provir	nce	Postal Co	de		transferable.	
Phone Number (mandatory 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 fur			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 d	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments C	Over Time				
☐ \$1,500	Challenger			payments of			
☐ \$1,000	Champion		yments must b nd beyond Aug				
□ \$500	Catalyst	Carinot exter	la beyona Aag	ust 51, 2025.)			
□ \$250	Supporter						
Selection Please enter your na	Custom ime or message as you would	d like it to appe	ar on the part	cipant's Hon	our Roll		
•	w the amount of my gift on the name to appear on the Tour de		onour Roll.			_	
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS					
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make che	ques payable to	Tour de Cur	e. Include p	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	Ехр	☐ Visa☐ Mastercard☐ Amex	
Cardholder Name _		Cardholde	r Signature .				