



2024 DONATION FORM

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

					DIo	ease mail this form or drop	
WHO ARE YOU DONATIN				off	with your donation to this		
Eddie Connolly		1950 Participant number				address: BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
Name					150		
PLEASE PRINT CLEARLY,	AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT		u can also donate online at urdecure.ca	
					•	Each cheque must come with its own donation form.	
First Name	Last Na	ame			•	All donations will be	
Company name (for Corporate o	donations only)					credited in Canadian dollars.	
						All donations are 100% tax	
Mailing Address						deductible, tax receiptable (if you donate \$10 or more),	
City	Provin	Ce	Postal Co	ode		non-refundable and non-transferable.	
City	T TOVILL		i ostat et	, ac	•	Ask your company if they	
Phone Number (mandatory for d	credit card payments)					provide matching gifts for donations.	
Email (to receive tax receipt by e	email)					r more information about	
					ple	Cancer Foundation, ease visit:	
Yes, I would like to receive breakthroughs, latest new				search	bc	cancerfoundation.com	
CHOOSE YOUR LEVEL OF	DONATION						
We're grateful for anything y		ollar belos sav	e more lives!				
	Ambassador		Over Time				
□ \$2,500 □ \$1,500	Challenger			payments of \$			
□ \$1,000	Champion		ayments must b	e \$25 or higher			
□ \$ 500	Catalyst	cannot ext	end beyond Aug	just 31, 2023.)			
□ \$2 5 0	Supporter						
□\$	Custom						
Please enter your name or n	nessage as you would	d like it to app	ear on the part	icipant's Hono	ur Roll		
☐ I prefer not to show the am	sount of my gift on the	narticinant's	Jonaur Pall				
\Box I do not want my name to a		-	ioriour Rott.				
			_				
SELECT BETWEEN TWO E	ASY PAYMENT OPT	IONS					
	payment in full only. P r on all cheques.	lease make ch	eques payable t	o Tour de Cure.	Include parti	cipant name and	
	or monthly payments. iately upon the proces				Cancer. Paymo	ents commence	
Card Number				CVV	Exp	☐ Visa ☐ Mastercard	
				CVV	Lxp _	□ Amex	
Cardholder Name		Cardhold	ler Signature				