



## 2024 DONATION FORM

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

| WHO ARE YOU DO                                    |  | 1055  | Please mail this form or drop off with your donation to this address:                     |  |
|---|--|---|---|--|
| Leigh Burbid                                      | ge   | Participant number  | BC Cancer Foundation<br>150-686 W. Broadway<br>Vancouver, BC V5Z 1G1                      |  |
| PLEASE PRINT CLE                                  | EARLY, AS YOU WISH IT TO   | APPEAR ON YOUR TAX RECEIPT  | You can also donate online at tourdecure.ca   |  |
|   |  |   | Each cheque must come     with its own donation form.                                     |  |
| First Name  Company name (for Co                  |  | All donations will be credited in Canadian                          |   |  |
| company name (for co                              | rporate donations only)  |   | dollars.  • All donations are 100% tax  |  |
| Mailing Address                                   |  |   | deductible, tax receiptable<br>(if you donate \$10 or more),<br>— non-refundable and non- |  |
| City  | Provinc  | ce Postal Code  | transferable.   |  |
| Phone Number (mandatory for credit card payments) |  |   | <ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>        |  |
| ,   |  | Cancer Foundation about research<br>draising initiatives.           | For more information about BC Cancer Foundation, please visit: bccancerfoundation.com     |  |
|   | EVEL OF DONATION   |   |   |  |
| □ \$2,500   | ything you can give. Every do<br>Ambassador  | Payments Over Time  |   |  |
| □ \$1,500<br>□ \$1,000                            | Challenger<br>Champion   | monthly payments of \$ (monthly payments must be \$25 or higher and | d   |  |
| □ \$500   | Catalyst   | cannot extend beyond August 31, 2023.)                              |   |  |
| □ \$250<br>□ \$                                   | Supporter<br>Custom  |   |   |  |
| Please enter your na                              | me or message as you would   | like it to appear on the participant's Honour                       | Roll  |  |
| □ I do not want my n                              | v the amount of my gift on the<br>ame to appear on the Tour de (   | Cure website.   |   |  |
| JEECT BETWEEN                                     | TWO EAST FAIMENT OF IT   | IONS  |   |  |
| ☐ Personal Cheque                                 | Single payment in full only. Pl<br>number on all cheques.  | ease make cheques payable to Tour de Cure. Inc                      | clude 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 Visa  Mastercard  |  |
| Cardholder Name                                   |  | Cardholder Signature  | ☐ Amex  |  |