



2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?						ase mail this form with your donation		
	laar Amaiaaah	1963]		ress:	1 (0 (1113	
Kenneth del-	Participant number					150	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT			can also donate d rdecure.ca	online at	
First Name	Last Na	ame					Each cheque must with its own donat		
Thistitume	Lastino					• ,	All donations will b	ре	
Company name (for Co	prporate donations only)						credited in Canadi dollars.	an	
Mailing Address							All donations are 1 deductible, tax rec (if you donate \$10 non-refundable ar	ceiptable or more),	
City	Provinc	ce	Postal Co	de			transferable.	1011	
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 (est news and events, and fund			earch		BC plea	more informatior Cancer Foundation ase visit: ancerfoundation.	on,	
CHOOSE YOUR LE	EVEL OF DONATION								
We're grateful for an	ything you can give. Every do	ollar helps save r	more lives!						
□ \$2,500	Ambassador	Payments Ov							
□ \$1,500	Challenger		monthly	payments	s of \$				
□ \$1,000	Champion	(monthly payı							
□ \$500	Catalyst	cannot extend	d beyond Aug	ust 31, 20	23.)				
□ \$250	Supporter								
□\$	Custom								
Please enter your na	me or message as you would	like it to appea	r on the parti	cipant's l	Honour R	toll			
	v the amount of my gift on the ame to appear on the Tour de (nour Roll.						
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS							
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	ease make chequ	ues payable to	Tour de	Cure. Incl	lude partic	ipant 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	□ Vi □ M □ Ar	astercard	
Cardholder Name _		Cardholder	Signature _						