



## 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?  Raiesh Sthankiya 1965					Please mail this form or drop off with your donation to this address:
Rajesh Stha	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH I	T TO APPEAR ON	YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
E M					Each cheque must come     with its own donation form.
First Name  Last Name  Company name (for Corporate donations only)					All donations will be credited in Canadian dollars.
Mailing Address					All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),
City	P	rovince	Postal Co	de	— non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the test news and events, and	d fundraising initiat	ives.	earch	please visit: bccancerfoundation.com
<ul> <li>\$2,500</li> <li>\$1,500</li> <li>\$1,000</li> <li>\$500</li> <li>\$250</li> <li>\$</li> </ul>	Ambassad Ambassad Challenge Champion Catalyst Supporter Custom	or Payments r(monthly p	Over Time monthly	payments of \$ _ e \$25 or higher an ust 31, 2023.)	d
Please enter your na	me or message as you w	ould like it to app	ear on the parti	cipant's Honour	Roll
•	w the amount of my gift o ame to appear on the Tou		Honour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT	OPTIONS			
☐ Personal Cheque	Single payment in full or number on all cheques.	nly. Please make ch	eques payable to	Tour de Cure. In	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 Size Mastercard
Cardholder Name _		Cardhold	er Signature _		☐ Amex