



2024 DONATION FORM

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

WHO ARE YOU DO		1967				Please mail this form or drop off with your donation to this address:
Name Name	nel Samaniego 1967 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
F. IN	N					Each cheque must come with its own donation form.
First Name	Last N	lame				All donations will be
Company name (for Co	orporate donations only)					credited in Canadian dollars.
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	ice	Postal Co	ode		transferable.
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC est news and events, and fur			search		BC Cancer Foundation, please visit: bccancerfoundation.com
	ything you can give. Every d	ollar helps sav	e more lives!			
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassador Challenger Champion Catalyst Supporter Custom	(monthly p	Over Time monthly ayments must be end beyond Aug		er and	
Please enter your na	me or message as you would	d like it to app	ear on the part	icipant's Ho	nour Roll	
☐ I do not want my n	v the amount of my gift on the ame to appear on the Tour de	Cure website.				_
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.					
☐ 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
Cardholder Name		Cardhold	er Signature			☐ Amex