



2024 DONATION FORM

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

WHO ARE YOU DONATING	G TO?					Please mail this form or off with your donation to		
Virginia Webster	Webster 1991				address:			
Name		Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CLEARLY, A	s you wish it to	APPEAR ON	YOUR TAX RE	CEIPT		You can also donate onl tourdecure.ca	ine at	
First Name	Last Na	amo				Each cheque must co with its own donation		
HISCHAINE	Lastino	arrie				All donations will be credited in Canadian		
Company name (for Corporate de	onations only)					dollars.		
Mailing Address						All donations are 100 deductible, tax receip (if you donate \$10 or non-refundable and	ntable more),	
City	Provinc	ce	Postal Co	ode		transferable.	1011	
Phone Number (mandatory for cr	redit card payments)					 Ask your company if provide matching gif donations. 		
Email (to receive tax receipt by er	nail)					For more information a BC Cancer Foundation, please visit:	oout	
☐ Yes, I would like to receive breakthroughs, latest news				earch		bccancerfoundation.co	m	
CHOOSE YOUR LEVEL OF	DONATION							
We're grateful for anything yo	ou can give. Every do	allar helns sav	e more lives!					
	Ambassador		Over Time					
□ \$2,500 □ \$1,500		Payments		payments of \$	5			
□ \$1,500 □ \$1,000	Challenger Champion	(monthly p	ayments must b					
□ \$1,000 □ \$500	Catalyst	cannot ext	end beyond Aug	ust 31, 2023.)				
□ \$250 □ \$250	Supporter							
□\$	Custom							
Please enter your name or mo	essage as you would	l like it to app	ear on the part	icipant's Hono	our Roll			
☐ I prefer not to show the amo	ount of my gift on the	participant's l	Honour Roll.			-		
☐ I do not want my name to ap								
SELECT BETWEEN TWO EA	ASY PAYMENT OPT	IONS						
	ayment in full only. Pl on all cheques.	lease make ch	eques payable t	o Tour de Cure	e. Include pa	articipant name and		
	r monthly payments. ately upon the proces				Cancer. Pa	yments commence		
Card Number				CVV	Exp	☐ Visa ☐ Mast	ercard	
		Canalacte	or Cianatura			□ Ame	X	
Cardholder Name		cardnold	er Signature					