



2024 DONATION FORM

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

WHO ARE YOU D	ONATING TO?					Please mail this form or drop off with your donation to this
Rodrigo Can	drigo Camelo 208					address: BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
Name		Participant number				
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
 First Name	Last N	lame				• Each cheque must come with its own donation form.
Tilstivallie	Last I	varrie				All donations will be
Company name (for Co	prporate 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	nce	Postal Co	de		transferable.
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 test news and events, and fur			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
_	EVEL OF DONATION	idiaisirig iriidad	ves.			
		مراجع معامرا ماراحا	a ma a wa liwa a l			
_	ything you can give. Every d	-				
□ \$2,500 □ \$1,500	Ambassador	Payments (payments of S	\$	
☐ \$1,000	Challenger Champion	(monthly pa	yments must be			
□ \$500	Catalyst	cannot exte	nd beyond Augi	ust 31, 2023.)		
□ \$250	Supporter					
□ \$	Custom					
Please enter your na	me or message as you woul	d like it to appe	ar on the partic	cipant's Hono	our Roll	
•	w the amount of my gift on the ame to appear on the Tour de		onour Roll.			-
SELECT BETWEEN	TWO EASY PAYMENT OP	TIONS				
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make che	ques payable to	Tour de Cure	e. Include p	articipant 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	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholde	er Signature _			