



## 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?						Please mail this form or drop off with your donation to this address:	
Loni Batke Name	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	
						Each cheque must come with its own donation form.	
First Name						All donations will be credited in Canadian	
Company name (for Co	orporate donations only)					dollars.	
Mailing Address						<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>	
City	Provin	ce	Postal Co	de		transferable.	
Phone Number (mandatory for credit card payments)						<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>	
	ceipt by email) o receive emails from the BC test news and events, and fun			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	ything you can give. Every d	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments (					
□ \$1,500	Challenger	(monthly na		payments of \$ e \$25 or higher			
☐ \$1,000	Champion		nd beyond Aug		and		
□ \$500 □ \$250	Catalyst						
□ \$	Supporter Custom						
Please enter your na	me or message as you would	d like it to appe	ar on the parti	cipant's Hono	ur Roll		
•	w the amount of my gift on the name to appear on the Tour de		onour Roll.			-	
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS					
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make che	ques payable to	Tour de Cure.	. 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	r Signature .				