



## 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:  |  |
|--|---|--------------------------------|------------------|---------------|-----------|------------|--|--|--|
| Christine Be   | ehan 2087  Participant number   |                                |                  |               |           |            | BC Cancer Foundation<br>150-686 W. Broadway<br>Vancouver, BC V5Z 1G1 |  |  |
| PLEASE PRINT CL  | EARLY, AS YO  | DU WISH IT TO                  | APPEAR ON        | N YOUR TAX    | RECEIP    | Τ          |  | You can also donate online at tourdecure.ca  |  |
| First Name   |   | Last Na                        | ame              |               |           |            |  | Each cheque must come<br>with its own donation form.   |  |
| Company name (for Corporate donations only)                  |   |                                |                  |               |           |            |  | <ul> <li>All donations will be<br/>credited in Canadian<br/>dollars.</li> </ul>  |  |
| Mailing Address  City  |   | Provinc                        | ce               | Posta         | l Code    |            |  | <ul> <li>All donations are 100% tax<br/>deductible, tax receiptable<br/>(if you donate \$10 or more),<br/>non-refundable and non-<br/>transferable.</li> </ul> |  |
| Phone Number (mandatory for credit card payments)            |   |                                |                  |               |           |            |  | <ul> <li>Ask your company if they<br/>provide matching gifts for<br/>donations.</li> </ul>   |  |
| ☐ Yes, I would like to breakthroughs, lat                    | test news and   | events, and fundamental NATION | draising initia  | tives.        |           |            |  | BC Cancer Foundation, please visit: bccancerfoundation.com   |  |
| \$2,500   \$1,500   \$1,000   \$500   \$250   \$             | \$1,000 Challenger monthly payments of \$ \$1,000 Champion \$500 Catalyst \$upporter monthly payments of \$ monthly pay |                                |                  |               |           |            | nd   |  |  |
| Please enter your na   | ame or messag   | ge as you would                | I like it to app | pear on the p | articipan | t's Honour | Roll   |  |  |
| ☐ I prefer not to show ☐ I do not want my not select BETWEEN | name to appear  | r on the Tour de               | Cure website.    |               | lo to To  | do Corre   | ء جاريام   | oution out name out  |  |
| <ul><li>□ Personal Cheque</li><li>□ Credit card</li></ul>    | Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.  Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. Payments commence  |                                |                  |               |           |            |  |  |  |
| □ Credit Card  | immediately upon the processing of this form by the donation office.  |                                |                  |               |           |            | ricer. Fa  | yments commence  □ Visa  |  |
| Card Number  |   |                                |                  |               | CVV       |            | Exp  | ☐ Wisa ☐ Mastercard ☐ Amex   |  |
| Cardholder Name  |   |                                | Cardhol          | der Signature |           |            |  |  |  |