



## 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?  Alex Mezei 2102						Please mail this form or drop off with your donation to this address:	
Alex Mezei  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	
E M						Each cheque must come with its own donation form.	
First Name  Last Name  Company name (for Corporate donations only)						<ul> <li>All donations will be credited in Canadian</li> </ul>	
Company hame nor co	or porate doriations only)					<ul><li>dollars.</li><li>All donations are 100% tax</li></ul>	
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-	
City	Provin	ce	Postal Co	ode		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 do	ollar helps save	more lives!				
<b>□ \$2,500</b>	Ambassador	Payments C	Over Time				
☐ \$1,500	Challenger			payments of			
☐ \$1,000	Champion		yments must b nd beyond Aug				
□ \$500	Catalyst	Carinot exter	na beyona Aug	ust 51, 2025.)			
□ \$250	Supporter						
Selection \$Please enter your na	Custom me or message as you would	d like it to appe	ar on the part	icipant's Hor	nour Roll		
•	w the amount of my gift on the name to appear on the Tour de		onour Roll.			_	
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS					
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make che	ques payable to	o Tour de Cur	re. Include ¡	participant 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 .				