



## 2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?	2106		Please mail this form or drop off with your donation to this address:
Mike Gray Name		Participant number		BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	EARLY, AS YOU WISH IT TO	APPEAR ON YOUR TA	AX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	me		• Each cheque must come with its own donation form.
Company name (for Corporate donations only)				<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address  City	Provinc	e Po	stal Code	<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-transferable.</li> </ul>
Phone Number (mandatory for credit card payments)				<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the BC C est news and events, and fund EVEL OF DONATION	draising initiatives.		BC Cancer Foundation, please visit: bccancerfoundation.com
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	ything you can give. Every do  Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Tim mo (monthly payments n cannot extend beyon	<b>e</b> onthly payments of \$ nust be \$25 or higher and d August 31, 2023.)	
Please enter your na	me or message as you would	like it to appear on the	e participant's Honour I	Roll
-	v the amount of my gift on the ame to appear on the Tour de C		и.	
SELECT BETWEEN	TWO EASY PAYMENT OPTI	ONS		
☐ Personal Cheque	Single payment in full only. Plenumber on all cheques.	ease make cheques pay	able to Tour de Cure. Inc	lude participant name and
☐ Credit card	Single or monthly payments. I			cer. Payments commence
Card Number			CVV	Exp Signal Signa
Cardholder Name		Cardholder Signatur	· A	☐ Amex