



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?								e mail this		
Michalla Lav	Michelle Lewon 2138							off with your donation to this address:			
Michelle Lew	/on	Participant number						BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1			
PLEASE PRINT CL	EARLY, AS YOU W	ISH IT TO A	APPEAR ON YO	OUR TAX RE	CEIPT				an also d ecure.ca	onate on	line at
First Name		Last Nam	ne						ch chequ th its owr		
Company name (for Co	ornarata danations ar	di d						cre	donation edited in		
Company name (for Co	orporate donations or	ity)							llars.	10	00/
Mailing Address								de (if	donatior ductible, you dona n-refund	tax recei ate \$10 o	ptable r more),
City		Province	!	Postal Co	ode			tra	nsferable	<u>.</u>	
Phone Number (manda	ntory for credit card pa	ayments)						pro	k your co ovide ma nations.		
Email (to receive tax rec	o receive emails fro				earch			BC Ca	ore infor incer Fou e visit: icerfound	undation	,
breakthroughs, lat	est news and even	ts, and fundr	raising initiative	S.							
CHOOSE YOUR LE	EVEL OF DONATION	N									
We're grateful for an	ything you can giv	e. Every doll	ar helps save n	nore lives!							
□ \$2,500	Amb	assador	Payments Ov	er Time							
□ \$1,500	Chal	lenger		monthly							
□ \$1,000		mpion	(monthly payn				d				
□ \$500	Cata	lyst	cannot extend	l beyond Aug	ust 31, 2	023.)					
□ \$250	Supp	orter									
□\$	Cust	om									
Please enter your na	me or message as	you would li	ike it to appear	on the parti	cipant's	Honour	Roll				
☐ I profer not to show	w the amount of my	gift on the n	articinant's Hon	NOUE POIL				-			
☐ I prefer not to show ☐ I do not want my n		-	-	iour Rott.							
SELECT BETWEEN	TWO EASY PAYM	ENT OPTIC	ONS								
☐ Personal Cheque	Single payment in number on all che		ase make chequ	ies payable to	o Tour de	e Cure. Inc	clude p	articipa	ant name	and	
☐ Credit card	Single or monthly immediately upon						icer. Pa	yment	s comme		
Card Number					CVV		Ехр			☐ Visa ☐ Mas ☐ Ame	tercard
Cardholder Name _			Cardholder S	Signature .					_		