



2024 DONATION FORM

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

	e YOU DONATING TO?					Please mail this form or drop off with your donation to this address:
Cyclones 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
First Name	Look N	la ma a				Each cheque must come with its own donation form.
First Name	Last N	lame				All donations will be credited in Canadian
Company name (for Co	orporate donations only)					dollars.
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	ice	Postal Co	ode		transferable.
Phone Number (manda	tory for credit card payments)					 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	receive emails from the BC est news and events, and fur			search		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
	EVEL OF DONATION					
_	ything you can give. Every d	-				
□ \$2,500	Ambassador	Payments	Over Time	, navenanta a	£ Ċ	
□ \$1,500 -	Challenger	(monthly n	monthly ayments must b	payments o		
□ \$1,000	Champion		end beyond Aug			
□ \$500	Catalyst		, ,	,		
□ \$250 □ \$	Supporter Custom					
Please enter your na	me or message as you would	d like it to app	ear on the part	icipant's Ho	nour Roll	
☐ I do not want my n	v the amount of my gift on the ame to appear on the Tour de	Cure website.	Honour Roll.			-
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS				
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make ch	eques payable to	o Tour de Cu	re. Include p	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	Exp	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name		Cardhold	er Signature			