



2024 DONATION FORM

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

WHO ARE YOU DO			2164					se mail this form or drop vith your donation to this ess:	
Darshana Ch	Participant number						150-	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WIS	H IT TO A	PPEAR ON Y	OUR TAX RE	CEIPT			can also donate online at decure.ca	
E M								ach cheque must come vith its own donation form.	
First Name Company name (for Co	prporate donations only	Last Nan	ne 				• Al	ll donations will be redited in Canadian	
Company name (for Co	эгрогате donations only	1						ollars. Il donations are 100% tax	
Mailing Address							de (if	eductible, tax receiptable f you donate \$10 or more) on-refundable and non-	
City		Province	!	Postal Co	ode			ansferable.	
Phone Number (manda	atory for credit card pay	ments)					рі	sk your company if they rovide matching gifts for onations.	
	ceipt by email) o receive emails from test news and events,				search		BC C pleas	more information about Cancer Foundation, se visit: Incerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION	١							
We're grateful for an	ything you can give.	Every doll	ar helps save	more lives!					
□ \$2,500	Ambas	sador	Payments O						
□ \$1,500	Challe	•	(monthly nav	monthly ments must b					
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□ \$500 □ \$250	Cataly								
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Please enter your na	me or message as yo	ou would li	ike it to appea	r on the part	icipant's	Honour F	Roll		
•	w the amount of my grame to appear on the	-	-	nour Roll.					
SELECT BETWEEN	TWO EASY PAYME	NT OPTIC	ONS						
☐ Personal Cheque	Single payment in fu number on all chequ		ase make cheq	ues payable t	o Tour d	e Cure. Inc	lude particip	oant name and	
☐ Credit card	Single or monthly pa immediately upon th						cer. Paymen		
Card Number					CVV		Ехр	☐ Visa ☐ Mastercard ☐ Amex	
Cardholder Name _			Cardholder	Signature					