



2024 DONATION FORM

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

					Discourse William Common and door
WHO ARE YOU DONATI	ARE YOU DONATING TO?				Please mail this form or drop off with your donation to this
Bonnie Chuter		2199			address:
Name		Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEARLY,	AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	amo			• Each cheque must come with its own donation form.
riist Name	Lastina	arrie			All donations will be
Company name (for Corporate	donations only)				credited in Canadian dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),
City	Provinc	се	Postal Co	de	—— non-refundable and non- transferable.
Phone Number (mandatory for	credit card payments)				 Ask your company if they provide matching gifts for donations.
Email (to receive tax receipt by ☐ Yes, I would like to receiv		Cancer Found	lation about res	earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
breakthroughs, latest nev				carerr	
CHOOSE YOUR LEVEL O	F DONATION				
We're grateful for anything	you can give. Every do	ollar helps sav	e more lives!		
□ \$2,500	Ambassador	Payments	Over Time		
\$1,500	Challenger		monthly	payments of \$	
□ \$1,000	Champion			e \$25 or higher a	nd
□ \$500	Catalyst	Carriot ext	end beyond Aug	ust 31, 2023.)	
□ \$250	Supporter				
□\$	Custom				
Please enter your name or i	nessage as you would	d like it to app	ear on the part	cipant's Honou	r Roll
☐ I prefer not to show the ar	nount of my gift on the	participant's l	Honour Roll.		
☐ I do not want my name to					
SELECT BETWEEN TWO	EASY PAYMENT OPT	IONS			
	payment in full only. Pl er on all cheques.	lease make ch	eques payable to	Tour de Cure. I	nclude participant name and
☐ Credit card Single	·				ancer. Payments commence
		g 51 4115 101	J the donat		□ Visa
Card Number				CVV	Exp
Cardholder Name		Cardhold	er Signature .		