



## 2024 DONATION FORM

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

WHO ARE YOU DO		2205				Please mail this form or drop off with your donation to this address:
Christopher Name	Thompson 2205  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
						Each cheque must come with its own donation form.
First Name Last Name						All donations will be credited in Canadian
Company name (for Co	orporate donations only)					dollars.
Mailing Address						<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Provin	ce	Postal Co	ode		transferable.
Phone Number (mandatory for credit card payments)						<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email) o receive emails from the BC test news and events, and fun			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!			
□ \$2,500	Ambassador	Payments (				
□ \$1,500	Challenger	(monthly pa		payments of \$ e \$25 or higher		
□ \$1,000 □ \$500	Champion Catalyst		nd beyond Aug		G. 1 G	
□ \$250	Supporter					
□ \$	Custom					
Please enter your na	me or message as you would	d like it to appe	ar on the part	cipant's Hono	our Roll	
•	w the amount of my gift on the name to appear on the Tour de		onour Roll.			
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS				
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make che	ques payable to	o Tour de Cure.	. Include pa	articipant 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	Ехр	☐ Visa☐ Mastercard☐ Amex
Cardholder Name _		Cardholde	r Signature .			