



## 2024 DONATION FORM

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

WHO ARE YOU DO		2220				Please mail this form or drop off with your donation to this address:
Rebecca Ha	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
E . M						Each cheque must come with its own donation form.
First Name  Last Name  Company name (for Corporate donations only)						All donations will be credited in Canadian
	orporate doriations only)					<ul><li>dollars.</li><li>All donations are 100% tax</li></ul>
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provi	nce	Postal Co	de		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 est news and events, and fu			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 o	dollar helps save	more lives!			
□ \$2,500	Ambassador	Payments C				
□ \$1,500	Challenger			payments of \$		
□ <b>\$1,000</b>	Champion		ments must b nd beyond Aug	e \$25 or highei	r and	
□ \$500	Catalyst	carinot exter	ia beyona nag	ust 51, 2025.)		
□ \$250 □ \$	Supporter Custom					
	me or message as you wou	ld like it to appea	ar on the parti	cipant's Hono	our Roll	
-	w the amount of my gift on th ame to appear on the Tour do		onour Roll.			_
SELECT BETWEEN	TWO EASY PAYMENT OP	TIONS				
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make chec	ques payable to	Tour de Cure	. 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	Ехр	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholde	r Signature .			