



2024 DONATION FORM

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

WHO ARE YOU DO		2227			Please mail this form or drop off with your donation to this address:
Name	I	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOU	JR TAX REC	EIPT	You can also donate online at tourdecure.ca
First Name					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 dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	ice	Postal Code		transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC test news and events, and fun EVEL OF DONATION Bything you can give. Every do	draising initiatives.		rch	please visit: bccancerfoundation.com
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over	r Time monthly pa ents must be \$	yments of \$ 25 or higher and 31, 2023.)	_
Please enter your na	ime or message as you would	d like it to appear o	n the particip	oant's Honour Ro	ıll
•	w the amount of my gift on the name to appear on the Tour de		ur Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheques	s payable to T	our de Cure. Inclu	de 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
Cardholder Name _		Cardholder Sig	ınature		