



## 2024 DONATION FORM

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

WHO ARE YOU DO		2259				Please mail this form or drop off with your donation to this address:	
Name	nulak Uy Herrera 2259  Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLI	EARLY, AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
E M						<ul> <li>Each cheque must come with its own donation form.</li> </ul>	
First Name	Last N	ame				All donations will be	
Company name (for Co	prporate donations only)					credited in Canadian dollars.	
Mailing Address						<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),</li> </ul>	
City	Provin	се	Postal Co	ode		non-refundable and non- transferable.	
Phone Number (manda	tory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>	
breakthroughs, lat	o receive emails from the BC est news and events, and fun			search		BC Cancer Foundation, please visit: bccancerfoundation.com	
We're grateful for an	ything you can give. Every do	ollar helps sav	e more lives!				
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassador Challenger Champion Catalyst Supporter Custom				gher and	_	
Please enter your na	me or message as you would	d like it to app	ear on the part	icipant's H	onour Roll		
☐ I do not want my n	v the amount of my gift on the ame to appear on the Tour de	Cure website.	Honour Roll.				
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make che	eques payable to	o Tour de C	ure. Includ	e 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	E	□ Visa □ Mastercard	
Cardholder Name		Cardhold	er Signature			☐ Amex	