



## 2024 DONATION FORM

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

WHO ARE YOU DO	DNATING TO?	0004		Please mail this form or drop off with your donation to this address:
Emily Witter		2261  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 Nar	me 		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	Province	e Postal Co	ode	transferable.
Phone Number (manda	tory for credit card payments)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	peipt by email)  o receive emails from the BC C est news and events, and fund		search	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 dol	llar helps save more lives!		
□ \$2,500	Ambassador	Payments Over Time		
□ <b>\$1,500</b>	Challenger	monthly (monthly payments must b	payments of \$	-
□ \$1,000	Champion	cannot extend beyond Aug		
□ \$500	Catalyst	, ,		
□ \$250 □ \$	Supporter Custom			
Please enter your na	me or message as you would l	like it to appear on the part	icipant's Honour Roll	
-	v the amount of my gift on the p ame to appear on the Tour de C			_
SELECT BETWEEN	TWO EASY PAYMENT OPTIC	ONS		
☐ Personal Cheque	Single payment in full only. Ple number on all cheques.	ease make cheques payable to	o Tour de Cure. Include	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	□ Visa □ Mastercard □ Amex
Cardholder Name _		Cardholder Signature .		