



## 2024 DONATION FORM

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

WHO ARE YOU DO		2274			Please mail this form or drop off with your donation to this address:
Mariana Jarko	ova	Participant numbe	r		BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	ARLY, AS YOU WISH IT TO	APPEAR ON YOUR <sup>-</sup>	TAX RECEIPT		You can also donate online at tourdecure.ca
First Name	Look Mo				Each cheque must come with its own donation form.
Company name (for Cor	Last Na porate donations only)	rne			<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address					All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City  Phone Number (mandate	Provinc pry for credit card payments)	re P	ostal Code		<ul> <li>transferable.</li> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, late	receive emails from the BC C st news and events, and fund		out research		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LEV	/EL OF DONATION thing you can give. Every do	llar helps save more l	ives!		
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Tir n (monthly payments cannot extend beyo	nonthly payments must be \$25 or h	igher and	
Please enter your nan	ne or message as you would	like it to appear on th	ne participant's l	Honour Roll	
□ I do not want my na	the amount of my gift on the me to appear on the Tour de (	ONS			_
	Single payment in full only. Plant number on all cheques.		-		
	Single or monthly payments. \intermode immediately upon the process				ayments commence  □ Visa
Card Number			CVV	Ехр	□ Mastaussud
Cardholder Name		Cardholder Signati	ure		