



## 2024 DONATION FORM

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

WHO ARE YOU DO		2290				Please mail this form or drop off with your donation to this address:
Name	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT T	O APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name	Look	Name				Each cheque must come with its own donation form.
First Name		Name				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	Prov	vince	Postal Co	de		transferable.
Phone Number (manda	atory 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 Bi test news and events, and fi			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	nything you can give. Every	dollar helps save	more lives!			
□ \$2,500	Ambassador	Payments (				
□ <b>\$1,500</b>	Challenger	(manthly no		payments of \$		
□ \$1,000 -	Champion		yments must be nd beyond Aug		ariu	
□ \$500	Catalyst		,	, , ,		
□ \$250 □ \$	Supporter Custom					
	nme or message as you wou	uld like it to appe	ar on the parti	cipant's Honoı	ur Roll	
☐ I do not want my n	w the amount of my gift on t name to appear on the Tour o	de Cure website.	onour Roll.			-
SELECT BETWEEN	I TWO EASY PAYMENT OF	PHONS				
☐ Personal Cheque	Single payment in full only number on all cheques.	Please make che	ques payable to	Tour de Cure.	Include p	articipant 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	er Signature			