



2024 DONATION FORM

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

WHO ARE YOU DONATING						off	Please mail this form or drop off with your donation to this address:			
Andrew Wallace Name		Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1			
PLEASE PRINT CLEARLY, A	S YOU WISH IT TO	APPEAR ON	I YOUR TAX	RECEIPT		You	•	nate online at		
							Each cheque	must come donation form.		
First Name Company name (for Corporate do	Last Na	ame 				• ,	All donations credited in Ca	will be		
company name (for corporate de	madons only)						dollars. All donations	are 100% tax		
Mailing Address								ex receiptable e \$10 or more), ble and non-		
City	Provinc	се	Postal	Code			transferable.			
Phone Number (mandatory for cr	edit card payments)						Ask your com provide matc donations.	npany if they hing gifts for		
Email (to receive tax receipt by en Yes, I would like to receive of the breakthroughs, latest news	emails from the BC (esearch		BC plea	more inform Cancer Foun ase visit: ancerfounda	dation,		
CHOOSE YOUR LEVEL OF		J								
We're grateful for anything yo		-								
□ \$2,500 □ \$4.500	Ambassador	Payments	Over Time	nly paymer	atc of ¢					
□ \$1,500	Challenger	(monthly r	ayments must			<u> </u>				
□ \$1,000	Champion		end beyond A		-	u.				
□ \$500 □ \$5.50	Catalyst		,							
□ \$250 □ \$	Supporter Custom									
Please enter your name or me	essage as you would	l like it to app	ear on the pa	rticipant's	Honour I	Roll				
☐ I prefer not to show the amo☐ I do not want my name to ap	pear on the Tour de	Cure website.								
SELECT BETWEEN TWO EA	SY PAYMENT OPT	IONS								
	ayment in full only. Pl on all cheques.	lease make ch	eques payable	to Tour d	e Cure. Inc	clude partic	ipant name a	nd		
	monthly payments. tely upon the proces					cer. Payme	nts commend			
Card Number				CVV		Ехр		☐ Visa☐ Mastercard☐ Amex		
Cardholder Name		Cardholo	der Signature					□ VIIICY		