



## 2024 DONATION FORM

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

	HO ARE YOU DONATING TO?  Nathan Ozog 2307				Please mail this form or drop off with your donation to this address:
Nathan Ozog	<u>}</u>	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOU	R TAX RECE	IPT	You can also donate online at tourdecure.ca
					<ul> <li>Each cheque must come with its own donation form.</li> </ul>
First Name	Last 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	Provin	ce	Postal Code		transferable.
Phone Number (manda	ntory for credit card payments)				<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	peipt by email)  To receive emails from the BC ( Test news and events, and fun		about resear	ch	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 do	ollar helps save moi	e lives!		
□ \$2,500	Ambassador	Payments Over			
□ <b>\$1,500</b>	Challenger	(monthly paymer	_ monthly pay		<u> </u>
□ \$1,000	Champion	cannot extend be			
□ \$500	Catalyst		, ,		
□ \$250 □ \$	Supporter Custom				
Please enter your na	me or message as you would	I like it to appear or	the particip	ant's Honour R	oll
-	w the amount of my gift on the ame to appear on the Tour de		r Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. Proumber on all cheques.	lease make cheques	payable to To	our de Cure. Incl	ude 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			C	vv	Exp Visa Mastercard
Cardholder Name _		Cardholder Sign	nature		