



2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?						nis form or drop		
Jeff Decemb	cua 2333				address:	off with your donation to this address: BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1			
Jeff Pascua Name	Participant number				150-686 W. E				
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT		You can also tourdecure.ca	donate online at		
 First Name	Last Na	ame					que must come vn donation form.		
Thistrame	2430 110	arric				All donation			
Company name (for Co	orporate donations only)					— credited in dollars.	n Canadian		
Mailing Address						deductible (if you dor	ons are 100% tax e, tax receiptable nate \$10 or more), ndable and non-		
City	Province	ce	Postal Co	ode		transferab	le.		
Phone Number (mandatory for credit card payments)						provide m	 Ask your company if they provide matching gifts for donations. 		
,	peipt by email) o receive emails from the BC (est news and events, and fun-			earch		For more info BC Cancer Fo please visit: bccancerfou			
CHOOSE YOUR LE	EVEL OF DONATION								
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!						
□ \$2,500	Ambassador	Payments O	ver Time						
□ \$1,500	Challenger			payments					
□ \$1,000	Champion		ments must b						
□ \$ 500	Catalyst	Caririot exter	id beyond Aug	ust 31, 202	23.)				
□ \$250	Supporter								
□ \$	Custom								
Please enter your na	me or message as you would	I like it to appea	r on the part	cipant's H	lonour R	oll			
	v the amount of my gift on the ame to appear on the Tour de		nour Roll.						
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS							
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	lease make chec	ues payable to	Tour de (Cure. Incl	ude participant nam	e 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		Exp	☐ Visa☐ Mastercard☐ Amex		
Cardholder Name _		Cardholder	Signature .				_ :		