



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?				Please mail this form or drop off with your donation to this
Graham Rob	inson	2359			address:
Name	Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
First Name	Last N	Jame			• Each cheque must come with its own donation form.
Company name (for Corporate donations only)					All donations will be credited in Canadian
company name (i.e. co	riporate domailorio omy,				dollars. • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	nce	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
Email (to receive tax rec	ceipt by email)				For more information about BC Cancer Foundation,
breakthroughs, lat	o receive emails from the BC est news and events, and fur EVEL OF DONATION			earch	bccancerfoundation.com
We're grateful for an	ything you can give. Every d	ollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O	ver Time		
□ \$1,500	Challenger	/		payments of \$	
□ \$1,000	Champion		ments must be id beyond Augi	e \$25 or higher a ust 31 2023)	na
□ \$500	Catalyst		.a 23, 21.a 7 tag	301 01, 2020.,	
□ \$250 □ \$	Supporter Custom				
	me or message as you would	d like it to appea	r on the parti	cipant's Honoui	Roll
	w the amount of my gift on the		nour Roll.		
☐ I do not want my n	ame to appear on the Tour de	Cure website.			
SELECT BETWEEN	TWO EASY PAYMENT OPT	ΓIONS			
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make chec	ues payable to	Tour de Cure. Ir	nclude 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				CVV	Exp Visa Mastercard
Cardholder Name _		Cardholder	Signature _		