



2024 DONATION FORM

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

WHO ARE YOU DONATING TO?					Please mail this form or drop off with your donation to this address:
Parth Doshi		Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
					Each cheque must come with its own donation form.
First Name					All donations will be credited in Canadian
Company name (for Co	orporate donations only)				dollars.
Mailing Address					 All donations are 100% tax 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.
	ceipt by email) o receive emails from the BC est news and events, and fur			earch	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 d	ollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O	ver Time		
□ \$1,500	Challenger	/100 0 10 the last 10 0 0 0		payments of \$ _	
□ \$1,000	Champion		ments must be id beyond Aug	e \$25 or higher ar Just 31 2023)	ia
□ \$500 -	Catalyst	carriot exter	ia beyona nag	ust 51, 2025.,	
□ \$250 □ \$	Supporter Custom				
	me or message as you would	d like it to appea	ır on the parti	cipant's Honour	Roll
-	w the amount of my gift on the ame to appear on the Tour de		onour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	TIONS			
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make chec	jues payable to	Tour de Cure. In	clude 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 _		