



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? David DeNeire 2434				Please mail this form or drop off with your donation to this address:	
David DeNei	re	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
E M					Each cheque must come with its own donation form.
First Name Last Name Company name (for Corporate donations only)					All donations will be credited in Canadian
	прогате изпатіоні з отту				dollars. • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), —— non-refundable and non-
City	Pro	vince	Postal Co	de	transferable.
Phone Number (manda	atory for credit card payments)			 Ask your company if they provide matching gifts for donations.
	ceipt by email) o receive emails from the B test news and events, and f			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	nything you can give. Every	dollar helps save	more lives!		
□ \$2,500	Ambassador	Payments C	Over Time		
□ \$1,500	Challenger	,		payments of \$.	
☐ \$1,000	Champion		yments must be nd beyond Aug	e \$25 or higher ar	nd
□ \$500	Catalyst	Carriot exter	ia beyona Aug	ust 51, 2025.)	
□ \$250	Supporter				
Selection \$Please enter your na	Custom ame or message as you wo	uld like it to appe	ar on the parti	cipant's Honour	Roll
-	w the amount of my gift on an ame to appear on the Tour		onour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT O	PTIONS			
☐ Personal Cheque	Single payment in full only number on all cheques.	v. Please make chec	ques 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 _		Cardholde	r Signature _		