



## 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:	
Jeff Waite		Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON `	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
					• Each cheque must come with its own donation form.
First Name	Last N	lame			All donations will be
Company name (for Co	orporate donations only)				credited in Canadian dollars.
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),</li> </ul>
City	Provir	nce	Postal Co	de	non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email) o receive emails from the BC test 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 C	Over Time		
□ <b>\$1,500</b>	Challenger	,		payments of \$	
□ <b>\$1,000</b>	Champion		yments must b nd beyond Aug	e \$25 or higher a	ind
□ \$ <b>500</b>	Catalyst	Carriot exter	ia beyona Aug	ust 31, 2023.)	
□ \$250	Supporter				
□\$	Custom				
Please enter your na	me or message as you would	d like it to appe	ar on the parti	cipant's Honou	r Roll
-	w the amount of my gift on the lame to appear on the Tour de		onour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS	l		
☐ Personal Cheque	Single payment in full only. F	Please make che	ques payable to	Tour de Cure. I	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
Cardholder Name _		Cardholde	r Signature _		