



## 2024 DONATION FORM

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

WHO ARE YOU DO		2462			Please mail this form or drop off with your donation to this address:
Penny Coop	er	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH	IT TO APPEAR O	N YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
					Each cheque must come     with its own donation form.
First Name		Last Name			All donations will be credited in Canadian
Company name (for Co	orporate donations only)				dollars.
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City		Province	Postal Co	ode	transferable.
Phone Number (manda	atory for credit card payme	nts)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email) o receive emails from th test news and events, ar			search	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. Ev	ery dollar helps sa	ive more lives!		
□ \$2,500	Ambassad	dor <b>Payment</b>	s Over Time		
☐ \$1,500	Challenge	er , <del></del>		payments of \$	<del></del>
□ \$1,000	Champio		payments must bactend beyond Aug		nd
□ \$500	Catalyst	Carriotex	iteria beyoria Aug	just 51, 2025.)	
□ \$250	Supporte	r			
Dlease enter your na	Custom ime or message as you	would like it to an	near on the nart	icinant's Honou	r Poll
	ine of message as you	would like it to ap	pear on the part	icipant s i lonoui	
•	w the amount of my gift of ame to appear on the To				
SELECT BETWEEN	I TWO EASY PAYMENT	OPTIONS			
☐ Personal Cheque	Single payment in full c		heques payable t	o Tour de Cure. Iı	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 _		Cardho	lder Signature		