



## 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?  hilary beaulieu 2468   |                      |                     |  |             | Please mail this form or drop off with your donation to this address:   |
|--|--|----------------------|---------------------|--|-------------|---|
| hilary beaulion  | <del>j</del> u   | Participant number   |                     |  |             | BC Cancer Foundation<br>150-686 W. Broadway<br>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   |  | Jana                 |                     |  |             | Each cheque must come<br>with its own donation form.  |
| First Name  Last Name  Company name (for Corporate donations only) |  |                      |                     |  |             | All donations will be<br>credited in Canadian<br>dollars.   |
| Mailing Address  |  |                      |                     |  |             | All donations are 100% tax<br>deductible, tax receiptable<br>(if you donate \$10 or more),<br>non-refundable and non- |
| City   | Provi  | nce                  | Postal Co           | de   |             | transferable.   |
| Phone Number (mandatory for credit card payments)                  |  |                      |                     |  |             | <ul> <li>Ask your company if they<br/>provide matching gifts for<br/>donations.</li> </ul>                            |
| breakthroughs, lat   | o receive emails from the BC<br>test news and events, and fur<br>EVEL OF DONATION<br>nything you can give. Every o   | ndraising initiative | es.                 | earch  |             | please visit:<br>bccancerfoundation.com   |
| □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$                 | Ambassador<br>Challenger<br>Champion<br>Catalyst<br>Supporter<br>Custom  | Payments O           | ver Time<br>monthly | payments of \$<br>e \$25 or higher<br>ust 31, 2023.) |             |   |
| Please enter your na   | ime or message as you woul   | d like it to appea   | r on the parti      | cipant's Hono  | ur Roll     |   |
| •  | w the amount of my gift on th  |                      | nour Roll.          |  |             |   |
| SELECT BETWEEN   | I TWO EASY PAYMENT OP  | TIONS                |                     |  |             |   |
| ☐ Personal Cheque  | Single payment in full only. I number on all cheques.  | Please make cheq     | ues payable to      | Tour de Cure.  | . Include p | articipant 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  | Ехр         | ☐ Visa☐ Mastercard☐ Amex  |
| Cardholder Name _  |  | Cardholder           | Signature _         |  |             | ——— — Alliex  |