



2024 DONATION FORM

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

WHO ARE YOU DO	ARE YOU DONATING TO? 2470					Please mail this form or drop off with your donation to this address:
Name		Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
 First Name	1 4 N					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 dollars.
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),
City	Provir	nce	Postal Co	ode		non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC test news and events, and fur EVEL OF DONATION			earch		please visit: bccancerfoundation.com
We're grateful for an	nything you can give. Every d	ollar helps save	more lives!			
<pre>□ \$2,500</pre> □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom				her and	
Please enter your na	ime or message as you would	d like it to appe	ar on the part	cipant's Ho	nour Roll	
•	w the amount of my gift on the name to appear on the Tour de		onour Roll.			_
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS				
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make che	ques payable to	o Tour de Cı	ure. Include	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	Ехр	□ Visa □ Mastercard □ Amex
Cardholder Name _		Cardholde	er Signature .			