



2024 DONATION FORM

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

WHO ARE YOU D	ONATING TO?	2476	Please mail this form or drop off with your donation to this address:
Shammi Gill 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 RECEIP	·
F N			• Each cheque must come with its own donation form.
First Name Company name (for Company name)	Last Na prporate donations only)	me	All donations will be credited in Canadian
	or portate derivations only,		dollars. • All donations are 100% tax
Mailing Address			deductible, tax receiptable (if you donate \$10 or more), ————————————————————————————————————
City	Provinc	e Postal Code	transferable.
Phone Number (manda	atory for credit card payments)		 Ask your company if they provide matching gifts for donations.
•		Cancer Foundation about research	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR L	EVEL OF DONATION		
We're grateful for ar □ \$2,500	nything you can give. Every do Ambassador	Payments Over Time	
□ \$1,500 □ \$1,000	Challenger Champion	monthly payments must be \$25	or higher and
□ \$500	Catalyst	cannot extend beyond August 31	1, 2023.)
□ \$250 □ \$	Supporter Custom		
		like it to appear on the participan	nt's Honour Roll
□ I do not want my r	w the amount of my gift on the name to appear on the Tour de (Cure website.	
SELECT BETWEEN	I TWO EASY PAYMENT OPTI	ONS	
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	ease make cheques payable to Tour	r de Cure. 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	
Cardholder Name _		Cardholder Signature	☐ Amex