



2024 DONATION FORM

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

WHO ARE YOU DO	o are you donating to?			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 YO	OUR TAX REC	CEIPT	You can also donate online at tourdecure.ca
 First Name	Last 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	ice	Postal Cod	е	 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			arch	BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an	ything you can give. Every d	ollar helps save n	nore lives!		
<pre>□ \$2,500</pre> □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	(monthly payn cannot extend	monthly prents must be	payments of \$ \$25 or higher and st 31, 2023.)	H
Please enter your na	me or message as you would	d like it to appear	on the partic	ipant's Honour F	Roll
•	w the amount of my gift on the name to appear on the Tour de		nour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	TONS			
☐ Personal Cheque	Single payment in full only. Pnumber on all cheques.	lease make chequ	ies payable to	Tour de Cure. Inc	lude 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 _		Cardholder S	Signature _		