



2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?						se mail this form or drop with your donation to this	
Claudia Mars		2514]	addr	-	
Claudia Mora	awetz	Participant number				150-	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT			can also donate online at decure.ca	
First Name	Last N	lame					ach cheque must come vith its own donation form	
							all donations will be credited in Canadian	
Company name (for Co	orporate donations only)					d	Iollars.	
Mailing Address						d (i	all donations are 100% tax leductible, tax receiptable f you donate \$10 or more non-refundable and non-	
City	Provin	nce	Postal Co	de		•	ransferable.	
Phone Number (manda	atory for credit card payments)					р	ask your company if they provide matching gifts for lonations.	
,	ceipt by email) o receive emails from the BC test news and events, and fun			earch		BC C plea	more information about Cancer Foundation, se visit: ancerfoundation.com	
_	EVEL OF DONATION							
we re grateful for an	ything you can give. Every d							
□ \$2,500 -	Ambassador	Payments O			- <i>- (</i>			
□ \$1,500 -	Challenger	(monthly nav	monthly ments must be					
□ \$1,000	Champion		d beyond Aug					
□ \$500	Catalyst		, ,					
□ \$250 □ \$	Supporter Custom							
	me or message as you would	d like it to appea	r on the parti	cipant's l	Honour R	oll		
	w the amount of my gift on the name to appear on the Tour de		nour Roll.					
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS						
☐ Personal Cheque	Single payment in full only. P number on all cheques.	Please make cheq	ues payable to	Tour de	Cure. Incl	lude partici	pant name and	
☐ Credit card	Single or monthly payments. immediately upon the proces					cer. Paymen		
Card Number				CVV		Ехр	☐ Visa ☐ Mastercard ☐ Amex	
Cardholder Name _		Cardholder	Signature _					