



2024 DONATION FORM

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

WHO ARE YOU DO		2537				Please mail this form or off with your donation taddress:	
Liz Margoree	;tt1	Participant r	number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLE	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX REC	CEIPT		You can also donate on tourdecure.ca	
First Name	Last Na	nmo.				 Each cheque must c with its own donation 	
		arrie				 All donations will be credited in Canadian 	
Company name (for Co	orporate donations only)					dollars.	00/ 1
Mailing Address						 All donations are 100 deductible, tax recei (if you donate \$10 or non-refundable and 	ptable r more),
City	Provinc	ce	Postal Cod	de		transferable.	11011
Phone Number (mandatory for credit card payments)						 Ask your company if provide matching gir donations. 	
	peipt by email) o receive emails from the BC C est news and events, and fund			earch		For more information a BC Cancer Foundation, please visit: bccancerfoundation.co	,
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	ything you can give. Every do	ollar helps save i	nore lives!				
□ \$2,500	Ambassador	Payments O	er Time				
□ \$1,500	Challenger			payments of	\$		
□ \$1,000	Champion		ments must be	\$25 or highe			
□ \$500	Catalyst	cannot exten	d beyond Augu	ıst 31, 2023.)			
□ \$250	Supporter						
□ \$	Custom						
Please enter your na	me or message as you would	like it to appea	on the partic	cipant's Hon	our Roll		
-	v the amount of my gift on the ame to appear on the Tour de (nour Roll.			_	
SELECT BETWEEN	TWO EASY PAYMENT OPTI	IONS					
☐ Personal Cheque	Single payment in full only. Planumber on all cheques.	ease make cheq	ues payable to	Tour de Cur	e. Include p	participant name and	
☐ Credit card	Single or monthly payments. Yimmediately upon the process				Cancer. Pa		
Card Number				CVV	Ехр	☐ Visa ☐ Mas ☐ Ame	tercard
Cardholder Name		Cardholder	Signature				