



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?				Please mail this form or drop off with your donation to this
Overs Divers	and Duong 2540				address:
Quang Duon	9	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOU	R TAX RECEII	PT	You can also donate online at tourdecure.ca
 First Name	Last Na	ame			Each cheque must come with its own donation form.
	Lustin	arrie			All donations will be credited in Canadian
Company name (for Co	prporate donations only)				dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provinc	ce	Postal Code		transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
,	ceipt by email) o receive emails from the BC (lest news and events, and fun-		about researc	h	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	ything you can give. Every do	ollar helps save mor	e lives!		
□ \$2,500	Ambassador	Payments Over	Гіте		
☐ \$1,500	Challenger		monthly payr		
□ \$1,000	Champion	(monthly paymen			
□ \$500	Catalyst	cannot extend be	yona August 3	1, 2023.)	
□ \$250	Supporter				
□\$	Custom				
Please enter your na	me or message as you would	l like it to appear on	the participa	nt's Honour R	oll
	w the amount of my gift on the name to appear on the Tour de		r Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	lease make cheques	payable to Tou	ır de Cure. Incl	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			CV	V	Exp
Cardholder Name _		Cardholder Sign	ature		