



## 2024 DONATION FORM

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

WHO ARE YOU DO		2557	Please mail this form or drop off with your donation to this address:
KIM GRIFFIT	ПО	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	ARLY, AS YOU WISH IT T	O APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last	Name	<ul> <li>Each cheque must come with its own donation form.</li> </ul>
Company name (for Corporate donations only)			<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address	Provi	ince Postal Code	<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.</li> </ul>
Phone Number (mandatory for credit card payments)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, late	receive emails from the BC est news and events, and fu VEL OF DONATION		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for any □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	ything you can give. Every of Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2023.)	_
Please enter your nar	ne or message as you wou	ıld like it to appear on the participant's Honour Roll	
□ I do not want my na	the amount of my gift on the ame to appear on the Tour do		
□ Personal Cheque	Single payment in full only. number on all cheques.	Please make cheques payable to Tour de Cure. Include	e participant name and
☐ Credit card		s. Your statement(s) will read Tour de Cure BC Cancer. essing of this form by the donation office.	Payments commence
Card Number		CVV E	xp ☐ Mastercard ☐ Amex
Cardholder Name		Cardholder Signature	