



2024 DONATION FORM

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

	HO ARE YOU DONATING TO? Michael Hoffart 2576					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	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
First Name		+ NI				Each cheque must come with its own donation form.	
First Name		t Name				All donations will be credited in Canadian	
Company name (for Co	orporate donations only)					dollars.All donations are 100% tax	
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-	
City	Pro	vince	Postal Co	de		transferable.	
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations. 	
breakthroughs, lat	o receive emails from the B test news and events, and f			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	nything you can give. Every	dollar helps sav	e more lives!				
□ \$2,500	Ambassador	Payments					
□ \$1,500	Challenger	, 		payments of \$			
☐ \$1,000	Champion		ayments must be and beyond Aug		and		
□ \$ 500	Catalyst	Carmot exte	ina beyona Aug	ust 31, 2023.)			
□ \$250	Supporter						
□\$	Custom						
Please enter your na	ame or message as you wo	uld like it to appe	ear on the parti	cipant's Honoi	ur Roll		
	w the amount of my gift on a		Ionour Roll.			-	
SELECT BETWEEN	I TWO EASY PAYMENT O	PTIONS					
☐ Personal Cheque	Single payment in full only number on all cheques.	v. Please make che	eques payable to	Tour de Cure.	Include p	articipant 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	Ехр	□ Visa □ Mastercard	
Cardholder Name		Cardholde	er Signature			☐ Amex	