



## 2024 DONATION FORM

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

WHO ARE YOU DO		2652				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 T	O APPEAR ON	I YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
F. IN		N.1				Each cheque must come with its own donation form.
First Name	Last	Name				All donations will be credited in Canadian
Company name (for Co	prporate donations only)					dollars.
Mailing Address						<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Prov	ince	Postal Co	ode		transferable.
Phone Number (mandatory for credit card payments)						<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the BC test news and events, and fu			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
	ything you can give. Every	dollar helps sav	ve more lives!			
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly p	Over Time			
Please enter your na	me or message as you wou	ld like it to app	ear on the part	icipant's Hono	ur Roll	
☐ I do not want my n	w the amount of my gift on the lame to appear on the Tour d	e Cure website.				-
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make ch	eques payable t	o 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		Cardhold	der Signature			☐ Amex