



2024 DONATION FORM

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

WHO ARE YOU DO		2674			Please mail this form or drop off with your donation to this address:
Colton Kroek	(er	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT	TO APPEAR ON \	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
					Each cheque must come with its own donation form.
First Name	Li	All donations will be credited in Canadian			
Company name (for Co	orporate donations only)				dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Р	rovince	Postal Co	de	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 test news and events, and			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. Eve	ry dollar helps save	more lives!		
□ \$2,500	Ambassado	or Payments C	ver Time		
□ \$1,500	Challenger			payments of \$.	
□ \$1,000	Champion			2 \$25 or higher ar	nd
□ \$500	Catalyst	Carmot exter	nd beyond Augi	JSC 31, 2023.)	
□ \$250	Supporter				
□\$	Custom				
Please enter your na	ime or message as you w	ould like it to appea	ar on the parti	cipant's Honour	Roll
•	w the amount of my gift on the Tou		onour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT	OPTIONS			
☐ Personal Cheque	Single payment in full or number on all cheques.	ıly. Please make ched	ques payable to	Tour de Cure. Ir	nclude 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				CVV	Exp Visa Mastercard
Cardholder Name _		Cardholde	Signature _		