



2024 DONATION FORM

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

WHO ARE YOU DO		2606			Please mail this form or drop off with your donation to this address:
Hootan Rash	nidpour 2696 Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH	IT TO APPEAR C	ON YOUR TAX RI	ECEIPT	You can also donate online at tourdecure.ca
					Each cheque must come with its own donation form.
First Name Last Name Company name (for Corporate donations only)					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		Province	Postal C	ode	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 cest news and events, ar			search	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. Ev	ery dollar helps s	ave more lives!		
□ \$2,500	Ambassad	dor Paymen	ts Over Time		
□ \$1,500	Challenge	(monthly	monthly payments must b	payments of \$	nd
☐ \$1,000	Champio		extend beyond Aug		TIQ.
□ \$500 □ \$250	Catalyst		·		
□ \$	Supporte Custom	l			
Please enter your na	me or message as you	would like it to ap	opear on the part	icipant's Honou	r Roll
•	w the amount of my gift on the To				
SELECT BETWEEN	TWO EASY PAYMENT	OPTIONS			
☐ Personal Cheque	Single payment in full c		cheques payable t	o Tour de Cure. I	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
Cardholder Name _		Cardho	older Signature		