



## 2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?								m or drop	
0		2725					n with yo ddress:	ur donati	ion to this	
Carolina Issa	SSA 2725  Participant number					В	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1			
Name										
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT			ou can als ourdecure		e online at	
 First Name	Last N	ame					<ul><li>Each ch with its</li></ul>		ust come nation form.	
Thistitume	203(11)	arric					• All dona	ations wi	ll be	
Company name (for Co	prporate donations only)						credited dollars.	d in Cana	adian	
Mailing Address							deducti (if you d	ble, tax r donate \$1	e 100% tax receiptable 10 or more),	
City	Provin	ce	Postal Co	de		_	transfer	able.	and non-	
Phone Number (manda	tory for credit card payments)							matchin	iny if they ng gifts for	
,	o receive emails from the BC (			earch		B p	or more in C Cancer lease visit ccancerfo	Foundat		
_	est news and events, and fun	draising initiativ	es.							
CHOOSE YOUR LE	EVEL OF DONATION									
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!							
□ \$2,500	Ambassador	Payments O	ver Time							
□ <b>\$1,500</b>	Challenger	,	monthly							
☐ \$1,000	Champion		ments must b d beyond Aug			ı				
□ \$500	Catalyst	Carinot exter	ia beyona Aug	ust 31, 20	23.)					
□ \$250 -	Supporter									
□ \$	Custom									
Please enter your na	me or message as you would	like it to appea	ir on the parti	cipant's i	Honour R	loll				
☐ I prefer not to show	v the amount of my gift on the	participant's Ho	nour Roll.							
	ame to appear on the Tour de									
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS								
☐ Personal Cheque	Single payment in full only. Proumber on all cheques.	lease make chec	ues payable to	Tour de	Cure. Incl	lude par	ticipant na	ame and		
☐ Credit card	Single or monthly payments. immediately upon the proces					cer. Payr	nents com			
Card Number				CVV		Ехр			Visa Mastercard Amex	
Cardholder Name _		Cardholder	Signature .					П	ATTICA	