



2024 DONATION FORM

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

WHO ARE YOU DO		2727			Please mail this form or drop off with your donation to this address:
Raman Sadh	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	OUR TAX REC	CEIPT	You can also donate online at tourdecure.ca
E M					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	riporate doriations only)				dollars. • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	ice	Postal Cod	le	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 BC test news and events, and fur			arch	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 d	ollar helps save r	nore lives!		
□ \$2,500	Ambassador	Payments Ov	er Time		
□ \$1,500	Challenger	, 		payments of \$ _	
☐ \$1,000	Champion		nents must be I beyond Augu	\$25 or higher an	d
□ \$500	Catalyst	carriot exterio	a beyond Augu	3(31, 2023.)	
□ \$250	Supporter				
Selection Please enter your na	Custom ame or message as you would	d like it to appear	on the partic	ipant's Honour	Roll
-	w the amount of my gift on the name to appear on the Tour de		nour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS			
☐ Personal Cheque	Single payment in full only. P	Please make chequ	ues payable to	Tour de Cure. Ind	clude 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 _		Cardholder	Signature _		