



## 2024 DONATION FORM

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

|  | mark Sheldrick 2746  |                    |                |                |            | Please mail this form or drop off with your donation to this address:                          |  |
|--|--|--------------------|----------------|----------------|------------|--|--|
| mark Sheldri   | CK   | Participant number |                |                |            | BC Cancer Foundation<br>150-686 W. Broadway<br>Vancouver, BC V5Z 1G1                           |  |
| PLEASE PRINT CL  | EARLY, AS YOU WISH IT TO   | O APPEAR ON Y      | OUR TAX RE     | CEIPT          |            | You can also donate online at tourdecure.ca  |  |
| E . M  |  |                    |                |                |            | Each cheque must come<br>with its own donation form.   |  |
| First Name  Last Name  Company name (for Corporate donations only) |  |                    |                |                |            | All donations will be<br>credited in Canadian  |  |
|  | 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   | Provi  | nce                | Postal Co      | de             |            | transferable.  |  |
| Phone Number (mandatory for credit card payments)                  |  |                    |                |                |            | <ul> <li>Ask your company if they<br/>provide matching gifts for<br/>donations.</li> </ul>     |  |
|  | ceipt by email)  o receive emails from the BC test news and events, and fur  |                    |                | earch          |            | For more information about<br>BC Cancer Foundation,<br>please visit:<br>bccancerfoundation.com |  |
| CHOOSE YOUR LE   | EVEL OF DONATION   |                    |                |                |            |  |  |
| We're grateful for an  | nything you can give. Every d  | Iollar helps save  | more lives!    |                |            |  |  |
| □ \$2,500  | Ambassador   | Payments O         | ver Time       |                |            |  |  |
| □ <b>\$1,500</b>   | Challenger   |                    |                | payments of \$ |            |  |  |
| □ <b>\$1,000</b>   | Champion   |                    |                | \$25 or higher | and        |  |  |
| □ \$500  | Catalyst   | cannot exten       | d beyond Aug   | ust 31, 2023.) |            |  |  |
| □ \$250  | Supporter  |                    |                |                |            |  |  |
| □ \$   | Custom   |                    |                |                |            |  |  |
| Please enter your na   | me or message as you woul  | d like it to appea | r on the parti | cipant's Hono  | ur Roll    |  |  |
| -  | w the amount of my gift on th  |                    | nour Roll.     |                |            |  |  |
| SELECT BETWEEN   | I TWO EASY PAYMENT OP  | TIONS              |                |                |            |  |  |
| ☐ Personal Cheque  | Single payment in full only. Find number on all cheques.   | Please make cheq   | ues payable to | Tour de Cure.  | Include pa | ırticipant 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☐ Amex   |  |
| Cardholder Name _  |  | Cardholder         | Signature _    |                |            |  |  |