



2024 DONATION FORM

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

WHO ARE YOU DO		0777			Please mail this form or drop off with your donation to this address:
India McQua	rie 2777 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
					Each cheque must come with its own donation form.
First Name Last Name					 All donations will be
Company name (for Co	orporate donations only)				— credited in Canadian dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	ce	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	ything you can give. Every d	ollar helps save n	nore lives!		
□ \$2,500	Ambassador	Payments Ov	er Time		
□ \$1,500	Challenger	,		payments of \$ _	
□ \$1,000	Champion	(monthly payr cannot extend		\$25 or higher an	a
□ \$500	Catalyst	carinot extend	a beyond Augu	3(31, 2023.)	
□ \$250	Supporter				
Disease enterview no	Custom	d lika it ta amaas	on the neutic	inant'a Hamaiin	Dall
Please enter your na	me or message as you would	з пке п то арреаг	on the partic	ipant's Honour	KOU
-	w the amount of my gift on the name to appear on the Tour de		nour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P	lease make chequ	ues payable to	Tour de Cure. In	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 _		