



2024 DONATION FORM

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

WHO ARE YOU DO		28		Please mail this form or drop off with your donation to this address:	
Simon Allard		Participant number		BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOUR TAX F	ECEIPT	You can also donate online at tourdecure.ca	
 First Name	Look No.			Each cheque must come with its own donation form.	
Eirst Name Last Name Company name (for Corporate donations only)			All donations will be 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	Provinc	e Postal C	Code	transferable.	
Phone Number (mandatory for credit card payments)				 Ask your company if they provide matching gifts for donations. 	
breakthroughs, lat	o receive emails from the BC Clest news and events, and fund eVEL OF DONATION bything you can give. Every do	draising initiatives.	esearch	please visit: bccancerfoundation.com	
<pre> \$2,500 \$1,500 \$1,000 \$500 \$250 \$ \$ \$ \$ \$ \$ \$ \$ \$</pre>	Ambassador Challenger Champion Catalyst Supporter Custom	(monthly payments must cannot extend beyond Au	igust 31, 2023.)	_	
Please enter your na	me or message as you would	like it to appear on the par	ticipant's Honour Roll		
•	w the amount of my gift on the pame to appear on the Tour de C				
SELECT BETWEEN	TWO EASY PAYMENT OPTI	ONS			
☐ Personal Cheque	Single payment in full only. Ple number on all cheques.	ease make cheques payable	to Tour de Cure. Include	e 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	∨ Visa ☐ Mastercard ☐ Amex	
Cardholder Name _		Cardholder Signature			