



2024 DONATION FORM

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

who are you be Ethan Ribalk		2817	7				Please mail this for off with your donaddress:	
Name	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YOU WISH	IT TO APPEA	R ON YOUR	TAX RECE	IPT		You can also dona tourdecure.ca	
First Name		Last Name					Each cheque r with its own decomposition	
		Last Name					All donations was credited in Call	
Company name (for Co	orporate donations only)						dollars.	40004
Mailing Address							 All donations a deductible, tax (if you donate non-refundab 	receiptable \$10 or more),
City		Province	Р	ostal Code			transferable.	ic and non
Phone Number (manda	atory for credit card payme	ents)					 Ask your comprovide match donations. 	
breakthroughs, lat	o receive emails from th			out resear	rch		For more informa BC Cancer Found please visit: bccancerfoundat	lation,
CHOOSE YOUR LE	EVEL OF DONATION							
We're grateful for an	nything you can give. Ev	very dollar help	os save more	lives!				
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	ime or message as you	would like it to	o appear on tl	ne particip	ant's Hono	ur Roll		
☐ I do not want my n	w the amount of my gift name to appear on the To	our de Cure we		Roll.			_	
SELECT BETWEEN	I TWO EASY PAYMENT	I OPTIONS						
☐ Personal Cheque	Single payment in full on number on all cheques	•	ke cheques pa	yable to To	our de Cure.	Include p	articipant name an	d
☐ Credit card	Single or monthly payr immediately upon the					Cancer. Pa		
Card Number				С	vv	Ехр		□ Visa □ Mastercard □ Amex
Cardholder Name		Cai	dholder Signat	ure _				