



## 2024 DONATION FORM

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

|   |  |                    |                            |               |              | Places mail this form or drap   |  |
|---|--|--------------------|----------------------------|---------------|--------------|---|--|
| WHO ARE YOU DONATIN   |  |                    |                            |               |              | Please mail this form or drop<br>off with your donation to this<br>address:<br>BC Cancer Foundation<br>150-686 W. Broadway<br>Vancouver, BC V5Z 1G1 |  |
| Name  |  | Participant number |                            |               |              |   |  |
| PLEASE PRINT CLEARLY, A   | AS YOU WISH IT TO                              | APPEAR ON          | YOUR TAX RI                | ECEIPT        |              | You can also donate online at tourdecure.ca   |  |
| First Name  | Look N   |                    |                            |               |              | Each cheque must come<br>with its own donation form.  |  |
| FIRST Narrie  | Last Na  | arne               |                            |               |              | All donations will be   |  |
| Company name (for Corporate o   | lonations only)                                |                    |                            |               |              | credited in Canadian<br>dollars.  |  |
| Mailing Address   |  |                    |                            |               |              | <ul> <li>All donations are 100% tax<br/>deductible, tax receiptable<br/>(if you donate \$10 or more),</li> </ul>                                    |  |
| City  | Provinc  | се                 | Postal Co                  | ode           |              | non-refundable and non-<br>transferable.  |  |
| Phone Number (mandatory for credit card payments)   |  |                    |                            |               |              | <ul> <li>Ask your company if they<br/>provide matching gifts for<br/>donations.</li> </ul>  |  |
| Email (to receive tax receipt by e  Yes, I would like to receive breakthroughs, latest news | emails from the BC (                           |                    |                            | search        |              | For more information about BC Cancer Foundation, please visit: bccancerfoundation.com   |  |
| CHOOSE YOUR LEVEL OF  | DONATION                                       |                    |                            |               |              |   |  |
| We're grateful for anything y   | ou can give. Every do                          | ollar helps save   | more lives!                |               |              |   |  |
| □ \$2,500   | Ambassador                                     | Payments (         | Over Time                  |               |              |   |  |
| □ \$1,500   | Challenger                                     |                    |                            | payments of   |              |   |  |
| □ \$1,000   | Champion                                       |                    | yments must b              |               |              |   |  |
| □ \$500   | Catalyst                                       | cannot exte        | nd beyond Aug              | gust 31, 202. | 3.)          |   |  |
| □ \$250   | Supporter                                      |                    |                            |               |              |   |  |
| □\$   | Custom   |                    |                            |               |              |   |  |
| Please enter your name or m   | lessage as you would                           | I like it to appe  | ar on the part             | icipant's Ho  | onour Roll   |   |  |
| ☐ I prefer not to show the am☐ I do not want my name to a                                   |  |                    | onour Roll.                |               |              | _   |  |
| SELECT BETWEEN TWO E  | ASY PAYMENT OPT                                | IONS               |                            |               |              |   |  |
| •   | payment in full only. Pl<br>r on all cheques.  | lease make che     | <b>-</b><br>ques payable t | o Tour de C   | ure. Include | participant name and  |  |
| ☐ <b>Credit card</b> Single o   | or monthly payments.<br>iately upon the proces |                    |                            |               | BC Cancer. F | <sup>o</sup> ayments commence   |  |
| Card Number   |  |                    |                            | CVV           | Ex           |   |  |
| Cardholder Name   |  | Cardholde          | er Signature               |               |              | ☐ Amex  |  |