



2024 DONATION FORM

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

	WHO ARE YOU DONATING TO? Bruce Craven 2837				Please mail this form or drop off with your donation to this address:
Bruce Crave	<u>n</u>	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOU	IR TAX RECE	IPT	You can also donate online at tourdecure.ca
 First Name					Each cheque must come with its own donation form.
First 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),
City	Provin	ice	Postal Code		 non-refundable and non- transferable.
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC test news and events, and fun	ndraising initiatives.		ch	please visit: bccancerfoundation.com
 \$2,500 \$1,500 \$1,000 \$500 \$250 \$ 	Ambassador Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over (monthly payme cannot extend b	Time _ monthly pay nts must be \$2	25 or higher and	
Please enter your na	me or message as you would	d like it to appear o	n the particip	ant's Honour Ro	oll
•	w the amount of my gift on the name to appear on the Tour de		ur Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheques	payable to To	our de Cure. Inclu	ıde 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			С	VV	Exp
Cardholder Name _		Cardholder Sig	nature		