



## 2024 DONATION FORM

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

WHO ARE YOU DO		284			Please mail this form or drop off with your donation to this address:
Rochelle Cho	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 RE	CEIPT	You can also donate online at tourdecure.ca
E M					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
	orporate donations only				dollars.  • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), —— non-refundable and non-
City	Pr	ovince	Postal Co	ode	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email)  o receive emails from the test news and events, and			earch	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. Ever	y dollar helps sav	e more lives!		
□ \$2,500	Ambassado	r Payments	Over Time		
□ \$1,500	Challenger	,		payments of \$ _	<del></del>
☐ \$1,000	Champion		ayments must b end beyond Aug	e \$25 or higher ar	nd
□ \$500	Catalyst	Carmot ext	eria beyoria Aug	ust 51, 2025.)	
□ \$250	Supporter				
Selection \$Please enter your na	Custom me or message as you wo	ould like it to app	ear on the parti	cipant's Honour	Roll
-	w the amount of my gift on ame to appear on the Tour		Honour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT C	OPTIONS			
☐ Personal Cheque	Single payment in full onl number on all cheques.	y. Please make ch	eques payable to	o 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 _		Cardhold	er Signature .		