



## 2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?						ase mail this form or		
Dovie Been	avis Poon 2863						off with your donation to this address:  BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
Davis Poon Name	Participant number					150			
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT			can also donate onl rdecure.ca	ine at	
 First Name	Last N	ame					Each cheque must co with its own donation		
Thistitume	200011	diric				-	All donations will be		
Company name (for Co	orporate donations only)						credited in Canadian dollars.		
Mailing Address							All donations are 100 deductible, tax receir (if you donate \$10 or non-refundable and	otable more),	
City	Provin	ice	Postal Co	ode			transferable.	11011	
Phone Number (mandatory for credit card payments)							Ask your company if provide matching gif donations.		
,	ceipt by email)  o receive emails from the BC ( est news and events, and fun			search		BC plea	more information a Cancer Foundation, ase visit: ancerfoundation.co		
CHOOSE YOUR LE	EVEL OF DONATION	_							
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!						
□ \$2,500	Ambassador	Payments (							
☐ \$1,500	Challenger			payment	s of \$				
□ \$1,000	Champion		yments must b	e \$25 or h	igher and				
□ \$500	Catalyst	cannot exte	nd beyond Aug	just 31, 20	23.)				
□ \$250	Supporter								
□ \$	Custom								
Please enter your na	me or message as you would	d like it to appe	ar on the part	icipant's	Honour R	toll			
	w the amount of my gift on the name to appear on the Tour de		onour Roll.						
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS	I						
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make che	ques payable t	o Tour de	Cure. Incl	lude partic	ipant 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		Ехр	□ Visa □ Mast □ Ame		
Cardholder Name _		Cardholde	r Signature .						