



2024 DONATION FORM

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

WHO ARE YOU DO		2914				Please mail this form or drop off with your donation to this address:
Name	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT T	O APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name		Name -				Each cheque must come with its own donation form.
First Name		Name				All donations will be credited in Canadian
Company name (for Co	orporate donations only)					dollars.
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Prov	ince	Postal Co	de		transferable.
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations.
,	ceipt by email) o receive emails from the BC test news and events, and fu			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. Every	dollar helps save	more lives!			
□ \$2,500	Ambassador	Payments (Over Time			
□ \$1,500	Challenger	,———		payments of \$		
☐ \$1,000	Champion		yments must be nd beyond Aug		and	
□ \$500	Catalyst	Carmot exte	na beyona Aug	ust 31, 2023.)		
□ \$250	Supporter					
□\$	Custom					
Please enter your na	ime or message as you wou	ld like it to appe	ar on the parti	cipant's Hono	ur Roll	
	w the amount of my gift on the lame to appear on the Tour d		onour Roll.			-
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS	I			
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make che	ques payable to	Tour de Cure.	Include p	articipant 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 ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholde	r Signature _			