



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?					Please mail this form of with your donation			
Devon Manh		2921				address:	to tilis		
Name	as	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 o tourdecure.ca	nline at		
 First Name		st Name				 Each cheque must with its own donati 			
Thistrame		SC Nume				All donations will b	_		
Company name (for Co	prporate donations only)					 credited in Canadia dollars. 	ın		
Mailing Address						 All donations are 10 deductible, tax received (if you donate \$10 or non-refundable an 	eiptable or more),		
City	Pr	ovince	Postal Co	de		transferable.	G 1.0		
Phone Number (manda	atory for credit card payment	s)				 Ask your company provide matching of donations. 			
,	ceipt by email) o receive emails from the test news and events, and			earch		For more information BC Cancer Foundation please visit: bccancerfoundation.c	n,		
CHOOSE YOUR LE	EVEL OF DONATION								
We're grateful for an	nything you can give. Ever	ry dollar helps sav	e more lives!						
□ \$2,500	Ambassado	or Payments	Over Time						
□ \$1,500	Challenger		monthly	payments of					
□ \$1,000	Champion	(monthly p	ayments must b						
□ \$500	Catalyst	cannot ext	end beyond Aug	ust 31, 202.	3.)				
□ \$250	Supporter								
□\$	Custom								
Please enter your na	ime or message as you w	ould like it to app	ear on the parti	cipant's Ho	onour Ro	oll			
	w the amount of my gift on name to appear on the Tour		Honour Roll.						
SELECT BETWEEN	I TWO EASY PAYMENT (OPTIONS							
☐ Personal Cheque	Single payment in full onl number on all cheques.	ly. Please make ch	eques payable to	Tour de C	ure. Inclu	de 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 Sign Sign Sign Sign Sign Sign Sign Sign	stercard		
Cardholder Name _		Cardhold	er Signature .						