



2024 DONATION FORM

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

who are you donati Adam Romano	am Romano 2962					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 CLEARLY,	AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
A.I	I IN					Each cheque must come with its own donation form.	
First Name	Last Na	ame				All donations will be	
Company name (for Corporate	donations only)					credited in Canadian dollars.	
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), 	
City	Provin	се	Postal Co	ode		non-refundable and non- transferable.	
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations. 	
Email (to receive tax receipt by Yes, I would like to receiv breakthroughs, latest nev	re emails from the BC (search		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LEVEL C	F DONATION						
We're grateful for anything	you can give. Every do	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments (Over Time				
□ \$1,500	Challenger			payments of	of \$		
□ \$1,000	Champion		yments must b				
□ \$500	Catalyst	cannot exte	nd beyond Aug	just 31, 2023	3.)		
□ \$250	Supporter						
□\$	Custom						
Please enter your name or	message as you would	l like it to appe	ar on the part	icipant's Ho	onour Roll		
☐ I prefer not to show the ar☐ I do not want my name to			onour Roll.			_	
SELECT BETWEEN TWO	EASY PAYMENT OPT	IONS					
•	e payment in full only. Pl er on all cheques.	lease make che	ques payable t	o Tour de C	ure. Include	participant name and	
_	or monthly payments. diately upon the proces				BC Cancer. F		
Card Number				CVV	Exp		
Cardholder Name		Cardholde	er Signature			☐ Amex	