



2024 DONATION FORM

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

WHO ARE YOU DO		2964			Please mail this form or drop off with your donation to this address:
Sabrina Tong	9	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 RECEIPT		You can also donate online at tourdecure.ca
E M					Each cheque must come with its own donation form.
First Name Company name (for Co	cst Name Last Name Description of the company name (for Corporate donations only)				
	riporate doriations only)				dollars.All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	ce	Postal Code		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 fun		bout research		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	nything you can give. Every do	ollar helps save more	lives!		
□ \$2,500	Ambassador	Payments Over T			
☐ \$1,500	Challenger		monthly paymer		_
□ \$1,000	Champion	(monthly payment			
□ \$500	Catalyst	cannot extend bey	rona August 31, 2	2023.)	
□ \$250	Supporter				
□ \$	Custom				
Please enter your na	ime or message as you would	d like it to appear on	the participant's	s Honour Roll	
-	w the amount of my gift on the name to appear on the Tour de		Roll.		_
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheques p	ayable to Tour d	e Cure. Includ	e 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	E	xp ☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholder Signa	ature		