



2024 DONATION FORM

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

WHO ARE YOU DONATIN	IG TO?				Please mail this form or drop off with your donation to this
Natalie Swinton		2988			address:
Name		Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEARLY, A	AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	amo			• Each cheque must come with its own donation form.
Lastraine					All donations will be credited in Canadian
Company name (for Corporate o	donations only)				dollars.
Mailing Address					All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provinc	се	Postal Co	ode	transferable.
Phone Number (mandatory for c	redit card payments)				 Ask your company if they provide matching gifts for donations.
Email (to receive tax receipt by e	mail)				For more information about BC Cancer Foundation, please visit:
☐ Yes, I would like to receive breakthroughs, latest new				search	bccancerfoundation.com
CHOOSE YOUR LEVEL OF	DONATION				
We're grateful for anything y	ou can give. Every do	ollar helps sav	e more lives!		
□ \$2,500	Ambassador	Payments	Over Time		
□ \$1,500	Challenger		monthly	payments of \$	
□ \$1,000	Champion		ayments must b		and
□ \$500	Catalyst	cannot ext	end beyond Aug	just 31, 2023.)	
□ \$250	Supporter				
□\$	Custom				
Please enter your name or m	nessage as you would	l like it to app	ear on the part	icipant's Hono	ur Roll
☐ I prefer not to show the am	ount of my gift on the	participant's l	Honour Roll.		
☐ I do not want my name to a	ppear on the Tour de (Cure website.			
SELECT BETWEEN TWO E	ASY PAYMENT OPT	IONS			
	payment in full only. Pl r on all cheques.	lease make ch	eques payable t	o Tour de Cure.	Include participant name and
_	or monthly payments. ` iately upon the proces				Cancer. Payments commence
Card Number				CVV	☐ Visa☐ Mastercard
		Caudla-1-	lor Cianotura		☐ Amex
Cardholder Name		Cardnold	ler Signature		