



2024 DONATION FORM

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

WHO ARE YOU DO		2998		Please mail this form or drop off with your donation to this address:	
Sarah Crave	П	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 TA	X RECEIPT	You can also donate online at tourdecure.ca	
 First Name				Each cheque must come with its own donation form.	
Last Name Last Name Company name (for Corporate donations only)				All donations will be credited in Canadian dollars.	
Mailing Address				 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- 	
City	Provin	ice Post	al Code	transferable.	
Phone Number (mandatory for credit card payments)				 Ask your company if they provide matching gifts for donations. 	
breakthroughs, lat	o receive emails from the BC (test news and events, and fun EVEL OF DONATION Bything you can give. Every do	draising initiatives.		please visit: bccancerfoundation.com	
<pre>\$2,500 \$1,500 \$1,000 \$500 \$250</pre>	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time	nthly payments of \$ ust be \$25 or higher and		
Please enter your na	me or message as you would	d like it to appear on the	participant's Honour Ro	ll .	
•	w the amount of my gift on the name to appear on the Tour de				
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. Property on all cheques.	lease make cheques payal	ole to Tour de Cure. 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	
Cardholder Name _		Cardholder Signature			