



## 2024 DONATION FORM

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

WHO ARE YOU DO		3011			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 CL	EARLY, AS YOU WISH I	Γ TO APPEAR ON	I YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
F. IN					Each cheque must come     with its own donation form.
First Name	L	ast Name			All donations will be
Company name (for Co	orporate donations only)				credited in Canadian dollars.
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Р	rovince	Postal Co	de	transferable.
Phone Number (manda	atory for credit card paymen	ts)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the test news and events, and			earch	BC Cancer Foundation, please visit: bccancerfoundation.com
	nything you can give. Eve	ry dollar helps sav	ve more lives!		
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassad Challenge Champion Catalyst Supporter Custom	(monthly p		payments of \$ e \$25 or higher anust 31, 2023.)	nd
Please enter your na	ime or message as you w	ould like it to app	ear on the parti	cipant's Honour	r Roll
☐ I do not want my n	w the amount of my gift on the Tou	ır de Cure website.	Honour Roll.		
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.				
☐ 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		Cardhold	der Signature		☐ Amex