



2024 DONATION FORM

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

| WHO ARE YOU DONATING TO? | | | | | | Please mail this form or drop off with your donation to this address: | |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|----------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Ron Wiens Name | Participant number | | | | BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1 | | |
| PLEASE PRINT CL | EARLY, AS YOU WISH IT TO | APPEAR ON Y | OUR TAX RE | CEIPT | | You can also donate online at tourdecure.ca | |
| | | | | | | Each cheque must come | |
| First Name | Last N | ame | | | | with its own donation form.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), non-refundable and non- | |
| City | Provin | ce | Postal Co | de | | 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 cest news and events, and fun | | | earch | | For more information about BC Cancer Foundation, please visit: bccancerfoundation.com | |
| CHOOSE YOUR LE | EVEL OF DONATION | | | | | | |
| We're grateful for an | ything you can give. Every d | ollar helps save | more lives! | | | | |
| □ \$2,500 | Ambassador | Payments C | ver Time | | | | |
| □ \$1,500 | Challenger | | monthly | payments of | | | |
| □ \$1,000 | Champion | | ments must b | | | | |
| □ \$500 | Catalyst | cannot exter | nd beyond Aug | ust 31, 2023.) | | | |
| □ \$2 5 0 | Supporter | | | | | | |
| □ \$ | Custom | | | | | | |
| Please enter your na | me or message as you would | d like it to appea | r on the parti | cipant's Hon | our Roll | | |
| • | w the amount of my gift on the ame to appear on the Tour de | | onour Roll. | | | _ | |
| SELECT BETWEEN | TWO EASY PAYMENT OPT | IONS | | | | | |
| ☐ Personal Cheque | Single payment in full only. P number on all cheques. | lease make chec | jues payable to | Tour de Cur | e. Include բ | 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 | ☐ Visa☐ Mastercard☐ Amex | |
| Cardholder Name _ | | Cardholdei | · Signature . | | | | |