



2024 DONATION FORM

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

	v Mulder 3042					Please mail this form or drop off with your donation to this address: BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
Cailey Mulder Name		Participant number					
PLEASE PRINT CLEARL	.Y, AS YOU WISH IT TO	APPEAR ON	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
First Name	Last Na					 Each cheque must come with its own donation form. 	
riist Name	Eddition					All donations will be credited in Canadian	
Company name (for Corpora	ate 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	ce	Postal Co	ode		transferable.	
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations. 	
Email (to receive tax receipt Yes, I would like to rece breakthroughs, latest n				earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LEVEL	OF DONATION						
We're grateful for anythir	ng you can give. Every do	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments (Over Time				
□ \$1,500	Challenger			payments of			
□ \$1,000	Champion		yments must b		er and		
□ \$500	Catalyst	cannot exte	nd beyond Aug	ust 31, 2023.)			
□ \$250	Supporter						
□\$	Custom						
Please enter your name o	or message as you would	l like it to appe	ar on the parti	cipant's Hon	our Roll		
☐ I prefer not to show the☐ I do not want my name			onour Roll.			_	
SELECT BETWEEN TW	O EASY PAYMENT OPT	IONS					
-	gle payment in full only. Pl nber on all cheques.	lease make che	ques payable to	o Tour de Cure	e. Include p	participant name and	
-	gle or monthly payments. nediately upon the proces				Cancer. Pa		
Card Number				CVV	Exp	☐ Visa ☐ Mastercard ☐ Amex	
Cardholder Name		Cardholde	r Signature				