



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? Sherry Rath 3095							Please mail this form or drop off with your donation to this address:		
Sherry Rath		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 onl tourdecure.ca	ine at	
First Name	Last Na	ame					Each cheque must co with its own donation		
	prporate donations only)						 All donations will be credited in Canadian dollars. 		
Mailing Address City	Provinc	ce	Postal Co	ode			 All donations are 100 deductible, tax receip (if you donate \$10 or non-refundable and transferable. 	otable more),	
Phone Number (mandatory for credit card payments)							 Ask your company if provide matching gif donations. 		
breakthroughs, lat	o receive emails from the BC (test news and events, and fund EVEL OF DONATION	draising initiative	es.	earch			BC Cancer Foundation, please visit: bccancerfoundation.co	m	
 \$2,500 \$1,500 \$1,000 \$500 \$250 \$ 	Ambassador Ambassador Challenger Champion Catalyst Supporter Custom	Payments O (monthly pay		e \$25 or	higher and	t t			
Please enter your na	me or message as you would	I like it to appea	r on the parti	cipant's	Honour F	Roll			
☐ I do not want my n	w the amount of my gift on the name to appear on the Tour de o	Cure website.							
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	·					·		
☐ Credit card	Single or monthly payments. Immediately upon the proces					cer. Pa	yments commence ☐ Visa		
Card Number				CVV		Ехр	☐ Mast		
Cardholder Name		Cardholder	Signature						