



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? Chris Bigland 3120				Please mail this form or drop off with your donation to this address:	
Chris Bigland	<u>1</u>	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YC	UR TAX REG	CEIPT	You can also donate online at tourdecure.ca
E M					• Each cheque must come with its own donation form.
First Name Last Name Company name (for Corporate donations only)					All donations will be credited in Canadian
	riporate doriations only)				dollars. • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more),
City	Provin	ice	Postal Cod	de	non-refundable and non- 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 test 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	nything you can give. Every do	ollar helps save m	ore lives!		
□ \$2,500	Ambassador	Payments Ove	er Time		
□ \$1,500	Challenger	<u>-</u>		payments of \$	
□ \$1,000	Champion			\$25 or higher a	and
□ \$500	Catalyst	cannot extend	beyond Augi	IST 31, 2023.)	
□ \$250	Supporter				
□\$	Custom				
Please enter your na	me or message as you would	d like it to appear	on the partic	cipant's Honou	ır Roll
•	w the amount of my gift on the name to appear on the Tour de		our Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make chequ	es payable to	Tour de Cure. I	Include 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 S	ignature _		