



2024 DONATION FORM

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

| WHO ARE YOU DO | RE YOU DONATING TO? 2 Braile 3166 | | | | 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 IT TO | APPEAR ON | YOUR TAX RE | CEIPT | | You can also donate online at tourdecure.ca |
| First Name | | | | | | Each cheque must come with its own donation form. |
| First Name | | | | | | |
| Company name (for Co | orporate donations only) | | | | | dollars. |
| Mailing Address | | | | | | All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- |
| City | Provir | nce | Postal Co | ode | | 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 fur | | | search | | 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 sav | e more lives! | | | |
| □ \$2,500 | Ambassador | Payments | Over Time | | | |
| □ \$1,500 | Challenger | | | payments | | _ |
| □ \$1,000 | Champion | | ayments must b | | | |
| □ \$ 500 | Catalyst | Carinot exte | end beyond Aug | Just 31, 202 | 3.) | |
| □ \$250 | Supporter | | | | | |
| □ \$ | Custom | | | | | |
| Please enter your na | me or message as you would | d like it to app | ear on the part | icipant's H | onour Roll | |
| | w the amount of my gift on the name to appear on the Tour de | | Honour Roll. | | | |
| SELECT BETWEEN | TWO EASY PAYMENT OPT | ΓIONS | | | | |
| ☐ Personal Cheque | Single payment in full only. F | Please make ch | eques payable t | o Tour de C | ure. Includ | e 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 | E | yisa ☐ Mastercard |
| Cardholder Name | | Cardhold | er Signature | | | ☐ Amex |