



2024 DONATION FORM

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

	Tho are you donating to? I vdia Weemees 3192				Please mail this form or drop off with your donation to this address:	
Lydia Weemee	S	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLEAR	RLY, AS YOU WISH IT TO	APPEAR ON YOL	JR TAX RECEII	PT	You can also donate online at tourdecure.ca	
First Name					Each cheque must come with its own donation form.	
rst Name Last Name ompany name (for Corporate donations only)					All donations will be 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	Provinc	e	Postal Code		transferable.	
Phone Number (mandator	y for credit card payments)				 Ask your company if they provide matching gifts for donations. 	
breakthroughs, latest	ceive emails from the BC C news and events, and fund EL OF DONATION ning you can give. Every do	draising initiatives.		h	please visit: bccancerfoundation.com	
□ \$2,500	Ambassador	Payments Over	Time			
□ \$1,500	Challenger		_ monthly payr			
□ \$1,000	Champion	(monthly payme		-		
□ \$500	Catalyst	cannot extend b	eyond August 3	1, 2023.)		
□ \$250	Supporter					
□\$	Custom					
Please enter your name	e or message as you would	like it to appear o	n the participa	nt's Honour Rol	l	
□ I do not want my nam	ne amount of my gift on the to appear on the Tour de C	Cure website.	ur Roll.			
	ngle payment in full only. Plo umber on all cheques.	ease make cheques	payable to Tou	ır de Cure. Includ	le participant name and	
☐ Credit card Si	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			CV		□ Visa □ Mastercard	
		0 11 11 0			☐ Amex	
Cardholder Name		Cardholder Signal	nature			