



2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?				Please mail this form or drop off with your donation to this
Lynne Altow		32			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 Y	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	ame			• Each cheque must come with its own donation form.
					All donations will be credited in Canadian
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	Provinc	ce	Postal Co	de	transferable.
Phone Number (manda	tory for credit card payments)				 Ask your company if they provide matching gifts for donations.
Email (to receive tax rec	ceipt by email)				For more information about BC Cancer Foundation,
breakthroughs, lat	o receive emails from the BC (est news and events, and fun EVEL OF DONATION			earch	bccancerfoundation.com
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O	ver Time		
□ \$1,500	Challenger		monthly	payments of \$ _	
□ \$1,000	Champion			\$25 or higher an	d
□ \$500	Catalyst	cannot exten	d beyond Augi	ist 31, 2023.)	
□ \$250	Supporter				
□ \$	Custom				
Please enter your na	me or message as you would	I like it to appea	r on the partio	cipant's Honour	Roll
	v the amount of my gift on the		nour Roll.		
☐ I do not want my n	ame to appear on the Tour de	Cure website.			
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	lease make cheq	ues payable to	Tour de Cure. In	clude 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 Visa Mastercard
Cardholder Name _		Cardholder	Signature _		