



## 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?  Caesar Tang 3229				Please mail this form or drop off with your donation to this address:	
Caesar Tang	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	OUR TAX REC	CEIPT	You can also donate online at tourdecure.ca
F. IN					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
Company name (for Co	orporate doriations only)				dollars.  • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	ce	Postal Cod	le	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email)  o receive emails from the BC test news and events, and fun			arch	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 save n	nore lives!		
□ \$2,500	Ambassador	Payments Ov	er Time		
□ <b>\$1,500</b>	Challenger	,		payments of \$ _	<del></del>
☐ \$1,000	Champion	(monthly payn cannot extend		\$25 or higher and	1
□ \$500	Catalyst	Carriot exterio	i beyond Augu	3( 31, 2023.)	
□ \$250 □ ·	Supporter				
☐ \$ Please enter your na	Custom me or message as you would	d like it to appear	on the partic	ipant's Honour F	Roll
			Dell		
•	w the amount of my gift on the name to appear on the Tour de		iour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make chequ	ies payable to	Tour de Cure. Inc	lude 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	Signature _		