



## 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? Shawn Creamer 324				Please mail this form or drop off with your donation to this address:	
Name Name	Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	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
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	Provi	nce	Postal Co	de	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 est news and events, and fur			earch	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	lollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O	ver Time		
□ <b>\$1,500</b>	Challenger			payments of \$	
□ \$1,000	Champion			\$25 or higher a	and
□ \$ <b>500</b>	Catalyst	Carmot exter	nd beyond Aug	JSC 31, 2023.)	
□ \$250	Supporter				
□ \$	Custom	d 191 - 20 1		-:	D. II
Please enter your na	me or message as you woul	а ике и то арреа	ir on the parti	cipant's Honou	ur Roll
-	v the amount of my gift on th ame to appear on the Tour de		onour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OP	TIONS			
☐ Personal Cheque	Single payment in full only. Find number on all cheques.	Please make chec	lues payable to	Tour de Cure. l	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	· Signature _		