



## 2024 DONATION FORM

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

	David Crozier 334				Please mail this form or drop off with your donation to this address:
David Crozie	<u>)</u> [	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOU	JR TAX RECI	EIPT	You can also donate online at tourdecure.ca
					Each cheque must come     with its own donation form.
First Name	Last N	All donations will be credited in Canadian			
Company name (for Co	orporate donations only)				dollars.
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Provin	ce	Postal Code		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		n about resea	rch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	nything you can give. Every do	ollar helps save mo	ore lives!		
□ \$2,500	Ambassador	Payments Over	r Time		
□ \$1,500	Challenger			yments of \$	<u> </u>
□ \$1,000	Champion	(monthly payme cannot extend b		25 or higher and	
□ \$500	Catalyst	Carmot extend t	beyond Augus	1 31, 2023.)	
□ \$250	Supporter				
Please enter your na	Custom ame or message as you would	d like it to appear o	on the partici	oant's Honour Ro	oli
	The of message as you would	a tine it to appear o	Trane partien	June 3 Fromodi Re	
•	w the amount of my gift on the name to appear on the Tour de		ur Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheque	s payable to T	our de Cure. Inclu	de 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 Amex
Cardholder Name _		Cardholder Sig	nature		