



2024 DONATION FORM

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

| WHO ARE YOU DO | | 000 | | Please mail this form or drop off with your donation to this address: |
|---|--|--|--|--|
| Angela Culle | n | Participant number | BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1 | |
| PLEASE PRINT CL | EARLY, AS YOU WISH IT TO A | APPEAR ON YOUR TAX RECEI | PT | You can also donate online at tourdecure.ca |
| First Name | Last Nar | me | | • Each cheque must come with its own donation form. |
| | prporate donations only) | | | All donations will be credited in Canadian dollars. |
| Mailing Address City | Province | e Postal Code | | All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable. |
| Phone Number (mandatory for credit card payments) | | | | Ask your company if they provide matching gifts for donations. |
| breakthroughs, late | est news and events, and fund | - | :h | BC Cancer Foundation, please visit: bccancerfoundation.com |
| \$2,500 \$1,500 \$500 \$500 \$250 \$ | ything you can give. Every dol Ambassador Challenger Champion Catalyst Supporter Custom | Payments Over Time monthly payr (monthly payments must be \$25 cannot extend beyond August 3 | 5 or higher and | |
| Please enter your na | me or message as you would I | like it to appear on the participa | int's Honour Roll | |
| ☐ I do not want my n | w the amount of my gift on the pame to appear on the Tour de C | oure website. | un do Como los desde | |
| ☐ Personal Cheque | Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques. | | | |
| ☐ Credit card | Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. Paimmediately upon the processing of this form by the donation office. | | | |
| Card Number | | CV | V Exp | □ Visa □ Mastercard □ Amex |
| Cardholder Name | | Cardholder Signature | | |