



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? Kevin Dahl 344				Please mail this form or drop off with your donation to this 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	YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
First Name	1 4 N	la ma a			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 dollars.
Mailing Address					All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	nce	Postal Co	ode	transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC test news and events, and fur EVEL OF DONATION	ndraising initiati	ves.	earch	please visit: bccancerfoundation.com
_	nything you can give. Every d	-			
<pre>□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250</pre>	Ambassador Challenger Champion Catalyst Supporter Custom		monthly	payments of \$ e \$25 or higher ust 31, 2023.)	and
Please enter your na	ime or message as you would	d like it to appe	ear on the part	cipant's Hono	ur Roll
•	w the amount of my gift on the name to appear on the Tour de		onour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS			
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make che	ques payable to	o Tour de Cure.	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 _		Cardholde	er Signature .		