



2024 DONATION FORM

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

WHO ARE YOU DO		353				this form or drop ir donation to this
Name	SOLI	Participant number				Foundation . Broadway BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT	TO APPEAR ON	YOUR TAX RE	CEIPT		o donate online at
E M	·					eque must come own donation form.
First Name	Las	t Name			• All dona	tions will be
Company name (for Co	orporate donations only)				dollars.	in Canadian
Mailing Address					deductik (if you de	tions are 100% tax ble, tax receiptable onate \$10 or more), undable and non-
City	Pro	ovince	Postal Co	de	transfera	
Phone Number (manda	atory for credit card payments	·)				company if they matching gifts for ns.
breakthroughs, lat	o receive emails from the E test news and events, and			earch	please visit:	Foundation, undation.com
	ything you can give. Every	/ dollar helps save	e more lives!			
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly pa	Over Time monthly	payments of \$ e \$25 or higher a ust 31, 2023.)	nd	
Please enter your na	me or message as you wo	ould like it to appe	ar on the parti	cipant's Honoui	Roll	
☐ I do not want my n	w the amount of my gift on ame to appear on the Tour	de Cure website.	onour Roll.			
☐ Personal Cheque	Single payment in full only number on all cheques.	y. Please make che	ques payable to	Tour de Cure. Ir	nclude participant na	me 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
Cardholder Name		Cardholde	er Signature			□ Amex