



2024 DONATION FORM

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

| WHO ARE YOU DO | | 381 | | | Please mail this form or drop off with your donation to this address: |
|---|--|-----------------------|---------------------------------------|--|---|
| Pardeep Dha | aliwai | Participant no | umber | | BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1 |
| PLEASE PRINT CLE | EARLY, AS YOU WISH IT TO | O APPEAR ON YC | OUR TAX REC | EIPT | You can also donate online at tourdecure.ca |
| First Name | l ast l | Name | | | Each cheque must come with its own donation form. |
| Company name (for Corporate donations only) | | | | | All donations will be credited in Canadian dollars. |
| Mailing Address | Provi | nce | Postal Cod | e | 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 | o receive emails from the BC est news and events, and fur EVEL OF DONATION ything you can give. Every o | ndraising initiatives | 5. | arch | BC Cancer Foundation, please visit: bccancerfoundation.com |
| □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 | Ambassador Challenger Champion Catalyst Supporter Custom | Payments Ov | er Time monthly p nents must be | ayments of \$ \$25 or higher and st 31, 2023.) | |
| Please enter your na | me or message as you woul | ld like it to appear | on the partic | ipant's Honour Ro | oll |
| - | v the amount of my gift on th ame to appear on the Tour de | | our Roll. | | |
| SELECT BETWEEN Personal Cheque | TWO EASY PAYMENT OP Single payment in full only. | | es payable to | Tour de Cure. Inclu | ude participant name and |
| ☐ Credit card | number on all cheques. Single or monthly payments | s. Your statement(s) | will read Tour | de Cure BC Canc | er. Payments commence |
| | immediately upon the proce | essing of this form b | y the donatio | n office. | □ Visa |
| Card Number | | | | CVV | Exp |
| Cardholder Name | | Cardholder S | ianatura | | |