



2024 DONATION FORM

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

WHO ARE YOU DO	octor 395					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	O APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name	Look N	la ma a				Each cheque must come with its own donation form.
First Name	Last N	name				All donations will be credited in Canadian
Company name (for Co	orporate donations only)					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.
,	ceipt by email) o receive emails from the BC est news and events, and fur			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	ything you can give. Every d	ollar helps sav	e more lives!			
□ \$2,500	Ambassador	Payments	Over Time			
□ \$1,500	Challenger	(+ l- l		payments o		
□ \$1,000	Champion		ayments must b end beyond Aug			
□ \$500	Catalyst	3331	oa 2 0 y 0 a 7 . a g	0.01 01, 2020	,	
□ \$250 □ \$	Supporter Custom					
	me or message as you would	d like it to app	ear on the part	icipant's Ho	onour Roll	
☐ I do not want my n	w the amount of my gift on the lame to appear on the Tour de	Cure website.	Honour Roll.			_
SELECT DETWEEN	TWO LAST PATMENT OPT					
☐ 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. Payments commence immediately upon the processing of this form by the donation office.					
Card Number				CVV	Exp	☐ Visa☐ Mastercard☐ Amex
Cardholder Name		Cardhold	er Signature			