



## 2024 DONATION FORM

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

WHO ARE YOU DO		404			Please mail this form or drop off with your donation to this address:
John Donnel Name	<u></u>	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		st Name			• Each cheque must come with its own donation form.
					All donations will be credited in Canadian
Company name (for Co	orporate donations only)				dollars.
Mailing Address					<ul> <li>All donations are 100% tax         deductible, tax receiptable         (if you donate \$10 or more),         non-refundable and non-</li> </ul>
City	Pro	ovince	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
,	ceipt by email) o receive emails from the E test news and events, and			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	nything you can give. Ever	y dollar helps save	e more lives!		
□ \$2,500	Ambassadoi	Payments (	Over Time		
□ <b>\$1,500</b>	Challenger	/ inc a in the live in a		payments of \$	
□ \$1,000 -	Champion		nd beyond Aug	e \$25 or higher ar ust 31. 2023.)	iriu
□ \$500	Catalyst		, ,		
□ \$250 □ \$	Supporter Custom				
	ime or message as you wo	ould like it to appe	ar on the parti	cipant's Honour	r Roll
☐ I do not want my n	w the amount of my gift on name to appear on the Tour	de Cure website.	onour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT C	PHONS			
☐ 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
Cardholder Name		Cardholde	er Signature		