



2024 DONATION FORM

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

	n Dve. 426					Please mail this form or drop off with your donation to this address:
Karen Dye		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	Last N	la ma a				Each cheque must come with its own donation form.
		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	Provi	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 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	,		payments of		
□ \$1,000	Champion		ayments must b end beyond Aug			
□ \$500	Catalyst	Carmot Cxt	ena beyona nag	ust 51, 2025.)		
□ \$250	Supporter					
Please enter your na	Custom me or message as you woul	d like it to ann	ear on the part	cinant's Hor	our Roll	
r tease errer your ria	me or message as you would	a tine it to app	car on the part		iodi Rott	
	v the amount of my gift on th ame to appear on the Tour de		Honour Roll.			-
SELECT BETWEEN	TWO EASY PAYMENT OP	TIONS				
☐ Personal Cheque	Single payment in full only. Find number on all cheques.	Please make ch	eques payable to	o Tour de Cur	e. Include p	articipant 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	Ехр	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name		Cardhold	er Signature			