



## 2024 DONATION FORM

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

					Discour	and the Commence of the co	
WHO ARE YOU DONATING	TO?				off wit	mail this form or drop h your donation to this	
Agostino Fenotti		463			addres		
Name		Participa	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLEARLY, A	S YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT	You ca	an also donate online at ecure.ca	
First Name	Last Na	amo				ch cheque must come ch its own donation form.	
riist name	Last Iva	arrie				donations will be edited in Canadian	
Company name (for Corporate do	onations only)				do	llars.	
Mailing Address					dec	donations are 100% tax ductible, tax receiptable you donate \$10 or more), n-refundable and non-	
City	Provinc	се	Postal Co	ode	tra	nsferable.	
Phone Number (mandatory for cr	edit card payments)				pro	your company if they ovide matching gifts for nations.	
Email (to receive tax receipt by en	nail)					ore information about ncer Foundation,	
☐ Yes, I would like to receive of breakthroughs, latest news				search		cerfoundation.com	
CHOOSE YOUR LEVEL OF	DONATION						
We're grateful for anything yo	ou can give. Every do	ollar helps sav	e more lives!				
□ \$2,500	Ambassador	Payments	Over Time				
□ \$1,500	Challenger		monthly	payments of \$			
□ \$1,000	Champion		ayments must b		and		
□ \$500	Catalyst	cannot ext	end beyond Aug	just 31, 2023.)			
□ \$250	Supporter						
□\$	Custom						
Please enter your name or me	ssage as you would	l like it to app	ear on the part	icipant's Hono	ur Roll		
☐ I prefer not to show the amo	ount of my gift on the	participant's l	Honour Roll.				
☐ I do not want my name to ap	pear on the Tour de	Cure website.					
SELECT BETWEEN TWO EA	SY PAYMENT OPT	IONS					
	ayment in full only. Pl on all cheques.	lease make ch	eques payable t	o Tour de Cure.	Include participa	nt name and	
☐ <b>Credit card</b> Single on	r monthly payments. Itely upon the proces				Cancer. Payments	commence	
Card Number				CVV	Exp	☐ Visa ☐ Mastercard	
		C 11 - 1 1	lan Cimia - to	CVV	LΛP	☐ Amex	
Cardholder Name		cardnold	er Signature			•	