



2024 DONATION FORM

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

WHO ARE YOU DO	is Gam 512					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	APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name	Last N					Each cheque must come with its own donation form.
		arrie				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	Provin	ce	Postal Co	de		transferable.
Phone Number (manda	ntory for credit card payments)					 Ask your company if they provide matching gifts for donations.
,	o receive emails from the BC elect news and events, and fun			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 do	ollar helps save	more lives!			
□ \$2,500	Ambassador	Payments (Over Time			
□ \$1,500	Challenger	, 		payments of \$		
□ \$1,000	Champion		yments must be nd beyond Aug		and	
□ \$500	Catalyst	carmorexte	la beyona nag	ust 51, 2025.)		
□ \$250	Supporter					
Please enter your na	Custom me or message as you would	l like it to anne	ar on the parti	cinant's Hono	ur Roll	
r tease errer your ria	me of message as you would	a tine it to appe	ar orr the part	cipalit 3 i lollo	ui itott	
	w the amount of my gift on the ame to appear on the Tour de		onour Roll.			-
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS				
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make che	ques payable to	Tour de Cure	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		Cardholde	r Signature			