



2024 DONATION FORM

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

WHO ARE YOU DONATING TO? Jacqueline Garvin 523					С	Please mail this form or drop off with your donation to this address:	
Jacqueline G	Participant number				1	C Cancer Foundation 50-686 W. Broadway Yancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT	TO APPEAR ON `	OUR TAX RE	CEIPT	Y	ou can also donate online at ourdecure.ca	
E M						Each cheque must come with its own donation form.	
First Name Last Name Company name (for Corporate donations only)						 All donations will be credited in Canadian 	
Company name (for Co	orporate doriations only)					dollars.All donations are 100% tax	
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-	
City	Pro	ovince	Postal Co	de		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 Etest news and events, and			earch	B p	or more information about BC Cancer Foundation, blease visit: occancerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	nything you can give. Every	y dollar helps save	more lives!				
□ \$2,500	Ambassador	Payments C	Over Time				
□ \$1,500	Challenger	,		payments of \$			
☐ \$1,000	Champion		yments must be nd beyond Aug	e \$25 or higher	and		
□ \$500	Catalyst	Carriot exter	ia beyona Aug	ust 51, 2025.)			
□ \$250	Supporter						
Selection Please enter your na	Custom ime or message as you wo	ould like it to appe	ar on the parti	cipant's Hono	ur Roll		
•	w the amount of my gift on name to appear on the Tour		onour Roll.				
SELECT BETWEEN	I TWO EASY PAYMENT O	PTIONS					
☐ Personal Cheque	Single payment in full only number on all cheques.	y. Please make che	ques payable to	Tour de Cure.	Include par	ticipant 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 _				