



2024 DONATION FORM

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

WHO ARE YOU D	ONATING TO?	Please mail this form or drop off with your donation to this
Harry Gidda	536	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 RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Name	Each cheque must come with its own donation form.
		All donations will be credited in Canadian
Company name (for C	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	Province Postal Code	transferable.
Phone Number (mand	atory for credit card payments)	 Ask your company if they provide matching gifts for donations.
Email (to receive tax re	eceipt by email)	For more information about BC Cancer Foundation, please visit:
,	o receive emails from the BC Cancer Foundation about research itest news and events, and fundraising initiatives.	bccancerfoundation.com
CHOOSE YOUR L	EVEL OF DONATION	
We're grateful for a	nything you can give. Every dollar helps save more lives!	
□ \$2,500	Ambassador Payments Over Time	
□ \$1,500 □ \$1,500	Challenger monthly payments of \$	
□ \$1,000	Champion (monthly payments must be \$25 or higher and	
□ \$500	cannot extend beyond August 31, 2023.) Catalyst	
□ \$250	Supporter	
□ \$	Custom	
Please enter your n	ame or message as you would like it to appear on the participant's Honour Roll	
	w the amount of my gift on the participant's Honour Roll.	_
•	name to appear on the Tour de Cure website.	
SELECT BETWEEN	N TWO EASY PAYMENT OPTIONS	
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include number on all cheques.	participant name and
☐ Credit card	Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. I immediately upon the processing of this form by the donation office.	Payments commence
Card Number	CVV Ex	□ Visa □ Mastercard
		☐ Amex
Cardholder Name 🗀	Cardholder Signature	