



2024 DONATION FORM

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

WHO ARE YOU DO	re you donating to? V Gidda 537					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						Each cheque must come with its own donation form.
First Name	Last N	iame				 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	Provir	nce	Postal Co	de		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 test 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	nything you can give. Every d	ollar helps save	more lives!			
□ \$2,500	Ambassador	Payments (Over Time			
□ \$1,500	Challenger			payments o		
□ \$1,000	Champion		yments must b			
□ \$ 500	Catalyst	Carinot exte	nd beyond Aug	ust 31, 2023	.)	
□ \$250	Supporter					
□ \$	Custom					
Please enter your na	me or message as you would	d like it to appe	ar on the parti	cipant's Ho	nour Roll	
	w the amount of my gift on the name to appear on the Tour de		onour Roll.			_
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS				
☐ Personal Cheque	Single payment in full only. P	Please make che	ques payable to	Tour de Cu	ıre. Include μ	participant 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	Exp	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholde	r Signature			