



2024 DONATION FORM

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

WHO ARE YOU DONAT Brad Gilbert	Gilbert 538					Please mail this form or drop off with your donation to this address: BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
Name		Participant number					
PLEASE PRINT CLEARLY	, AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
First Name	Look N					Each cheque must come with its own donation form.	
-irst narrie	Last Name					All donations will be	
Company name (for Corporate	e donations only)					credited in Canadian dollars.	
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), 	
City	Provin	се	Postal Co	ode		non-refundable and non- transferable.	
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations. 	
Email (to receive tax receipt by Yes, I would like to recei breakthroughs, latest ne	ve emails from the BC (search		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LEVEL (OF DONATION						
We're grateful for anything	you can give. Every do	ollar helps sav	e more lives!				
□ \$2,500	Ambassador	Payments	Over Time				
□ \$1,500	Challenger			payments		_	
□ \$1,000	Champion		yments must b				
□ \$500	Catalyst	cannot exte	nd beyond Aug	just 31, 202	3.)		
□ \$250	Supporter						
□ \$	Custom						
Please enter your name or	message as you would	l like it to appe	ar on the part	icipant's H	onour Roll		
□ I prefer not to show the a □ I do not want my name to			onour Roll.				
SELECT BETWEEN TWO	EASY PAYMENT OPT	IONS					
•	e payment in full only. Ploer on all cheques.	lease make che	ques payable t	o Tour de C	Cure. Include	e participant name and	
_	e or monthly payments. ediately upon the proces				BC Cancer.		
Card Number				CVV	Ex	∨ Visa ☐ Mastercard	
Cardholder Name		Cardhold	er Signature			☐ Amex	