



## 2024 DONATION FORM

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

WHO ARE YOU DO		540				mail this form or drop h your donation to this ss:
Name	<u>                                      </u>	Participant number			150-6	ncer Foundation 86 W. Broadway uver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT <sup>-</sup>	TO APPEAR ON	YOUR TAX RE	CEIPT	You ca	an also donate online at ecure.ca
First Name		· Nama				ch cheque must come h its own donation form.
First Name		: Name				donations will be edited in Canadian
Company name (for Co	orporate donations only)					llars.
Mailing Address					dec (if <u>y</u>	donations are 100% tax ductible, tax receiptable you donate \$10 or more), n-refundable and non-
City	Pro	vince	Postal Co	de		nsferable.
Phone Number (manda	atory for credit card payments)				pro	your company if they ovide matching gifts for nations.
,	ceipt by email) o receive emails from the B test news and events, and f			earch	BC Ca please	ore information about ncer Foundation, visit: cerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	ything you can give. Every	dollar helps save	more lives!			
□ \$2,500	Ambassador	Payments (	Over Time			
□ <b>\$1,500</b>	Challenger	/ (co. o ; co. to. b) / (co. o ;		payments of \$		
□ \$1,000	Champion		nd beyond Aug	e \$25 or higher a Just 31 - 2023 )	na	
□ \$500	Catalyst			,,,		
□ \$250 □ \$	Supporter Custom					
	ime or message as you wo	uld like it to appe	ar on the parti	cipant's Honou	r Roll	
☐ I do not want my n	w the amount of my gift on to	de Cure website.	onour Roll.			
SELECT BETWEEN	I TWO EASY PAYMENT O	PTIONS				
☐ Personal Cheque	Single payment in full only number on all cheques.	. Please make che	ques payable to	Tour de Cure. I	nclude participa	nt 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			