



## 2024 DONATION FORM

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

WHO ARE YOU DO		545			Please mail this form or drop off with your donation to this address:
Sim Gill-Kah	ion	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON YO	OUR TAX REG	CEIPT	You can also donate online at tourdecure.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
	прогасе изпастот з отку				dollars.  • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), —— non-refundable and non-
City	Provii	nce	Postal Cod	de	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email)  o receive emails from the BC test news and events, and fu			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	Iollar helps save r	nore lives!		
□ \$2,500	Ambassador	Payments Ov	er Time		
□ <b>\$1,500</b>	Challenger			payments of \$ _	
□ \$1,000	Champion			\$25 or higher an	d
<b>□ \$500</b>	Catalyst	cannot extend	a beyond Augu	15( 31, 2023.)	
□ \$250	Supporter				
□ \$	Custom .				- ··
Please enter your na	ime or message as you woul	d like it to appear	on the partic	cipant's Honour	Roll
-	w the amount of my gift on th name to appear on the Tour de		nour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS			
☐ Personal Cheque	Single payment in full only. In number on all cheques.	Please make chequ	ues payable to	Tour de Cure. In	clude 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
Cardholder Name _		Cardholder	Signature _		