



## 2024 DONATION FORM

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

						Diana mail this	£	
WHO ARE YOU DONATING						Please mail this form or drop off with your donation to this		
Harrison Gordon		569				address:	adation	
Name		Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1			
PLEASE PRINT CLEARLY, A	s you wish it to	APPEAR ON	YOUR TAX R	ECEIPT		You can also do tourdecure.ca	nate online at	
First Name	Last Na					Each cheque     with its own	e must come donation form.	
FIRST Name	Last No	arrie				All donations		
Company name (for Corporate de	onations only)					credited in C dollars.	Canadian	
						All donations		
Mailing Address							ax receiptable e \$10 or more),	
City	Provinc	CA	Postal C	ode			ble and non-	
City	TTOVIIN	CC	1 Ostat C	ode		<ul><li>Ask your cor</li></ul>		
Phone Number (mandatory for cr	edit card payments)						ching gifts for	
Email (to receive tax receipt by er	nail)					For more inform BC Cancer Four		
						please visit:	idation,	
☐ Yes, I would like to receive breakthroughs, latest news				search		bccancerfound	ation.com	
-		araisirig irrida						
CHOOSE YOUR LEVEL OF								
We're grateful for anything yo	ou can give. Every do	ollar helps sav	e more lives!					
□ \$2,500 	Ambassador	Payments	Over Time					
□ \$1,500	Challenger	(monthly n	monthly ayments must b	payments of \$				
□ \$1,000 □ \$	Champion		end beyond Au		i dild			
□ \$500 □ \$500	Catalyst			, , ,				
□ \$250 □ \$	Supporter Custom							
Please enter your name or m	essage as you would	l like it to app	ear on the part	icipant's Hond	our Roll			
☐ I prefer not to show the amo	ount of my gift on the	participant's l	Honour Roll.			_		
☐ I do not want my name to ap	ppear on the Tour de	Cure website.						
SELECT BETWEEN TWO E	ASY PAYMENT OPT	IONS						
	ayment in full only. Pl on all cheques.	lease make ch	eques payable t	o Tour de Cure	e. Include p	oarticipant name a	and	
_	r monthly payments. ately upon the proces				Cancer. Pa	ayments commen	ce	
Card Number				CVV	Ехр		☐ Visa ☐ Mastercard	
		6			Lλρ		☐ Amex	
Cardholder Name		Cardhold	ler Signature					