



## 2024 DONATION FORM

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

	omas Green 585					Please mail this form or drop off with your donation to this address:
Name	<u> </u>	Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT T	O APPEAR ON '	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name		N				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
Company name (for Co	orporate donations only)					<ul><li>dollars.</li><li>All donations are 100% tax</li></ul>
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provi	ince	Postal Co	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	dollar helps save	more lives!			
□ \$2,500	Ambassador	Payments (	Over Time			
□ \$1,500	Challenger			payments of \$		
□ \$1,000	Champion		yments must be nd beyond Aug		r and	
□ \$500	Catalyst	Carriot exte	ia beyona Aug	ust 31, 2023.)		
□ \$250 □ ·	Supporter					
□\$	Custom					
Please enter your na	ame or message as you wou	ld like it to appe	ar on the parti	cipant's Hond	our Roll	
	w the amount of my gift on th		onour Roll.			-
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS				
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make che	ques payable to	Tour de Cure	. Include p	articipant 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	Ехр	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name		Cardholde	r Signature			