



## 2024 DONATION FORM

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

	Gregory 588					Please mail this form or drop off with your donation to this address:
Jeff Gregory Name		Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name	Look N	la ma a				Each cheque must come with its own donation form.
						All donations will be credited in Canadian
Company name (for Co	orporate donations only)					dollars.
Mailing Address						<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Provin	ice	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 fun			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	ollar helps save	more lives!			
□ \$2,500	Ambassador	Payments (	Over Time			
□ <b>\$1,500</b>	Challenger			payments of S		
□ <b>\$1,000</b>	Champion		yments must be nd beyond Aug		r and	
□ \$500 -	Catalyst	carmot exte	na beyona nag	ast 01, 2020.,		
□ \$250 □ \$	Supporter Custom					
	ime or message as you would	d like it to appe	ar on the parti	cipant's Hon	our Roll	
☐ I do not want my n	w the amount of my gift on the name to appear on the Tour de	Cure website.	onour Roll.			-
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TONS				
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.					
☐ 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
Cardholder Name _		Cardholde	r Signature _			☐ Amex