



2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?						ase mail this fo with your don		
Bonnie Gund	Horson	596					ress:		
Name	jerson	Participant number				150	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT			can also dona rdecure.ca	ate online at	
 First Name	Last N	lame					Each cheque r with its own d		
Tilservanie	Lastin	idi i i c				-	All donations v		
Company name (for Co	orporate donations only)						credited in Ca dollars.	nadian	
Mailing Address						(All donations a deductible, tax (if you donate non-refundab	x receiptable \$10 or more),	
City	Provir	nce	Postal Co	de			transferable.	te and non	
Phone Number (mandatory for credit card payments)							 Ask your company if they provide matching gifts for donations. 		
,	ceipt by email) o receive emails from the BC test news and events, and fur			earch		BC plea	more informa Cancer Found ase visit: ancerfoundat	dation,	
CHOOSE YOUR LE	EVEL OF DONATION								
We're grateful for an	ything you can give. Every d	ollar helps save	more lives!						
□ \$2,500	Ambassador	Payments O	ver Time						
□ \$1,500	Challenger		monthly						
□ \$1,000	Champion		ments must be						
□ \$500	Catalyst	cannot exten	d beyond Aug	ust 31, 20	23.)				
□ \$250	Supporter								
□\$	Custom								
Please enter your na	me or message as you would	d like it to appea	r on the parti	cipant's l	Honour R	oll			
	w the amount of my gift on the name to appear on the Tour de	-	nour Roll.						
SELECT BETWEEN	TWO EASY PAYMENT OPT	TIONS							
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make cheq	ues payable to	Tour de	Cure. Incl	lude partic	ipant name an	d	
☐ 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 _		Cardholder	Signature _						