



2024 DONATION FORM

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

WHO ARE YOU DONATING TO? Mong Xuan Ha 603					Please mail this form or drop off with your donation to this address:
Mong Xuan I	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 YOU	UR TAX RECE	IPT	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
Mailing Address					dollars.All donations are 100% tax deductible, tax receiptable
					(if you donate \$10 or more), non-refundable and non-
City	Provir	nce	Postal Code		transferable. • Ask your company if they
Phone Number (mandatory for credit card payments)					provide matching gifts for donations.
Email (to receive tax rec	ceipt by email) o receive emails from the BC	Cancer Foundation	n about reseal	rch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	test news and events, and fur EVEL OF DONATION nything you can give. Every d	-			
□ \$2,500	Ambassador	Payments Ove		umonts of \$	
□ \$1,500 □ \$1,000 □ \$500 □ \$250	Challenger Champion Catalyst Supporter	(monthly payme cannot extend b	ents must be \$	25 or higher and	_
□ \$	Custom				
Please enter your na	nme or message as you woul	d like it to appear o	on the particip	oant's Honour Ro	u
•	w the amount of my gift on the		our Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS			
☐ Personal Cheque	Single payment in full only. F	Please make cheque	s payable to To	our de Cure. Inclu	de 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			C	VV	Exp Visa Mastercard Amex
Cardholder Name _		Cardholder Sig	gnature		