



## 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?				Please mail this form or drop off with your donation to this
Nouri Hadav	604			address:  BC Cancer Foundation	
Name		Participant number			150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	ame			• Each cheque must come with its own donation form.
Tilstivalle	Lastino	arric			<ul> <li>All donations will be</li> </ul>
Company name (for Co	prporate donations only)				<ul><li>credited in Canadian dollars.</li></ul>
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),</li> </ul>
City	Province	ce	Postal Co	de	<ul><li>non-refundable and non- transferable.</li></ul>
Phone Number (manda	itory for credit card payments)				<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
Email (to receive tax red	ceipt by email)				For more information about BC Cancer Foundation,
breakthroughs, lat	est news and events, and fundation			earch	bccancerfoundation.com
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O			
□ \$1,500	Challenger		monthly	payments of \$ _	
□ \$1,000	Champion			\$25 or higher and	t d
□ \$500	Catalyst	cannot exten	d beyond Augi	ıst 31, 2023.)	
□ \$250	Supporter				
□ \$	Custom				
Please enter your na	me or message as you would	I like it to appea	r on the partio	cipant's Honour F	Roll
	v the amount of my gift on the ame to appear on the Tour de	-	nour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ 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	Exp Visa Mastercard
Cardholder Name _		Cardholder	Signature _		☐ Amex