



## 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?  Martin Hauck 628				Please mail this form or drop off with your donation to this address:	
Martin Haucl	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	UR TAX REC	EIPT	You can also donate online at tourdecure.ca
					Each cheque must come     with its own donation form.
First Name	Last Name				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 Cod	le	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 exect news and events, and fun			arch	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 do	ollar helps save m	ore lives!		
□ \$2,500	Ambassador	Payments Ove	er Time		
□ <b>\$1,500</b>	Challenger	,		payments of \$ _	
□ \$1,000	Champion	(monthly paym cannot extend		\$25 or higher an	d
□ \$500	Catalyst	Carinot exterio	beyond Augu	5( 31, 2023.)	
□ \$250 -	Supporter				
Please enter your na	Custom ime or message as you would	d like it to appear	on the partic	ipant's Honour	Roll
	The of message as you would	a tine it to appear		puric 3 monour	
-	w the amount of my gift on the name to appear on the Tour de		our Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheque	es payable to	Tour de Cure. In	clude 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				CVV	Exp Visa Mastercard
Cardholder Name _		Cardholder Si	gnature _		