



2024 DONATION FORM

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

WHO ARE YOU DO		628				Please mail this fo off with your dor address:	•	
STEVESTOI 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	OUR TAX RE	CEIPT		You can also don tourdecure.ca		
First Name	Last Na	2000				Each cheque with its own company	must come lonation form.	
		ame				All donations credited in Ca		
Company name (for Co	orporate donations only)					dollars.	4000/	
Mailing Address						 All donations deductible, ta (if you donate non-refundab 	x receiptable \$10 or more),	
City	Provinc	ce	Postal Co	ode		transferable.	ne dila ilaii	
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 fund			earch		For more inform BC Cancer Found please visit: bccancerfounda	dation,	
CHOOSE YOUR LI	EVEL OF DONATION							
We're grateful for ar	nything you can give. Every do	ollar helps save	more lives!					
□ \$2,500	Ambassador	Payments (
□ \$1,500	Challenger	,		payments of				
□ \$1,000	Champion		yments must b					
□ \$500	Catalyst	Carinot exte	nd beyond Aug	ust 31, 2023	0.)			
□ \$250	Supporter							
□\$	Custom							
Please enter your na	me or message as you would	like it to appe	ar on the part	cipant's Ho	nour Roll			
	w the amount of my gift on the name to appear on the Tour de (onour Roll.			_		
SELECT BETWEEN	I TWO EASY PAYMENT OPTI	IONS						
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	ease make che	ques payable to	o Tour de Cı	ure. Include	participant name ar	ıd	
☐ Credit card	Single or monthly payments. immediately upon the proces				3C Cancer. P	ayments commenc		
Card Number				CVV	Ехр		☐ Visa☐ Mastercard☐ Amex	
Cardholder Name		Cardholde	r Signature				_ /	