



2024 DONATION FORM

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

WHO ARE YOU DO			630					mail this form or drop your donation to this :
Ernest Hawk	vei	Participant number					150-68	cer Foundation 6 W. Broadway ver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU	WISH IT TO A	PPEAR ON YO	UR TAX RE	CEIPT			also donate online at
First Name		Last Niaus						n cheque must come its own donation form.
First Name Company name (for Co	orporate donations	Last Nam	le .				• All d	onations will be lited in Canadian
Mailing Address	<u>'</u>						• All d dedi (if yo	onations are 100% tax uctible, tax receiptable ou donate \$10 or more), -refundable and non-
City		Province		Postal Co	de		trans	sferable.
Phone Number (manda	atory for credit card	payments)					prov	your company if they ride matching gifts for ations.
☐ Yes, I would like to breakthroughs, lat CHOOSE YOUR LE We're grateful for an	test news and even	ents, and fundra	aising initiatives		earch		please v bccanc	visit: erfoundation.com
<pre> \$2,500 \$1,500 \$1,000 \$500 \$250 \$ \$ \$ \$ \$ \$ \$ \$ \$</pre>	CH CH Ca Su Cu	nbassador nallenger nampion atalyst ipporter ustom	(monthly paym cannot extend	monthly ents must be beyond Augi	e \$25 or h ust 31, 20	igher and 23.)		
Please enter your na	me or message a	as you would li	ke it to appear	on the parti	cipant's l	Honour R	oll	
☐ I prefer not to show			-	our Roll.				
SELECT BETWEEN	I TWO EASY PAY	MENT OPTIO	NS					
☐ Personal Cheque	Single payment number on all cl		se make cheque	es payable to	Tour de	Cure. Incl	ude participan	t 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		Ехр	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _			_ Cardholder Si	gnature _				