



2024 DONATION FORM

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

| | RE YOU DONATING TO? Bailey 64 | | | | | Please mail this form or drop off with your donation to this address: |
|----------------------|--|--------------------|---------------------------|----------------|-------------|--|
| Ewa Bailey 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 | YOUR TAX RE | CEIPT | | You can also donate online at tourdecure.ca |
| First Name | Look N | la ma a | | | | Each cheque must come with its own donation form. |
| First Name | Last N | iame | | | | All donations will be credited in Canadian |
| Company name (for Co | orporate donations only) | | | | | dollars. |
| Mailing Address | | | | | | All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- |
| City | Provin | nce | Postal Co | ode | | transferable. |
| Phone Number (manda | tory for credit card payments) | | | | | Ask your company if they provide matching gifts for donations. |
| breakthroughs, lat | o receive emails from the BC est news and events, and fur | | | earch | | For more information about BC Cancer Foundation, please visit: bccancerfoundation.com |
| | EVEL OF DONATION | | | | | |
| _ | ything you can give. Every d | - | | | | |
| □ \$2,500 - | Ambassador | Payments | | | | |
| □ \$1,500 | Challenger | (monthly n | montnly syments must b | payments of \$ | | |
| □ \$1,000 | Champion | | end beyond Aug | | anu | |
| □ \$500 | Catalyst | | | ,,, | | |
| □ \$250 □ \$ | Supporter Custom | | | | | |
| | me or message as you would | d like it to appe | ear on the parti | cipant's Honc | our Roll | |
| ☐ I do not want my n | v the amount of my gift on the ame to appear on the Tour de | Cure website. | lonour Roll. | | | - |
| SELECT BETWEEN | TWO EASY PAYMENT OPT | TONS | | | | |
| ☐ Personal Cheque | Single payment in full only. Pnumber on all cheques. | Please make che | ques payable to | Tour de Cure | . Include p | articipant 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 | | Cardholde | er Signature | | | |