



## 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?  Nathan Hesketh 644				Please mail this form or drop off with your donation to this address:	
Name	teni	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON YO	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
First Name	Last N	lama			Each cheque must come     with its own donation form.
First Name  Last Name  Company name (for Corporate donations only)					All donations will be credited in Canadian dollars.
Mailing Address					All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	nce	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the BC test news and events, and fur EVEL OF DONATION	ndraising initiative	S.	earch	please visit: bccancerfoundation.com
_	nything you can give. Every d	-			
□ \$2,500	Ambassador	Payments Ov		ants of ¢	
□ \$1,500	Challenger	(monthly navr		payments of \$ \$25 or higher a	and
☐ \$1,000	Champion	cannot extend			
□ \$500	Catalyst				
□ \$250 □ \$	Supporter Custom				
Please enter your na	ime or message as you woul	d like it to appear	on the partic	cipant's Honou	ur Roll
-	w the amount of my gift on the name to appear on the Tour de		nour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS			
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make chequ	ues payable to	Tour de Cure. I	Include 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
Cardholder Name _		Cardholder	Signature _		