



2024 DONATION FORM

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

WHO ARE YOU DO		71			Please mail this form off with your donation address:			
Name	Participant number				150-686 W. Broadwa	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 of tourdecure.ca			
First Name	Los	Nama			• Each cheque mus with its own dona			
First Name	LdS	: Name			All donations will be credited in Canadi			
Company name (for Co	orporate donations only)				dollars.	arı		
Mailing Address					All donations are 1 deductible, tax rec (if you donate \$10 non-refundable are	ceiptable or more),		
City	Pro	vince	Postal Co	ode	transferable.	iu non-		
Phone Number (manda	 Ask your company provide matching donations. 							
breakthroughs, lat	o receive emails from the B est news and events, and f			earch	For more information BC Cancer Foundation please visit: bccancerfoundation	on,		
	ything you can give. Every	dollar helps say	e more lives!					
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly p	Over Time monthly	payments of \$ e \$25 or higher a ust 31, 2023.)	 and			
Please enter your na	me or message as you wo	uld like it to app	ear on the parti	cipant's Honou	r Roll			
☐ I do not want my n	w the amount of my gift on to ame to appear on the Tour of TWO EASY PAYMENT O	de Cure website.	Honour Roll.					
☐ Personal Cheque	Single payment in full only number on all cheques.	. Please make ch	eques payable to	Tour de Cure. I	nclude 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	LAP	astercard		
Cardholder Name		Cardhold	er Signature		□ Aı	IICY		