



## 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?  The Keg Steak Peddlers 72						Please mail this form or drop off with your donation to this address:
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 YO	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
F. IN						Each cheque must come with its own donation form.
First Name  Last Name  Company name (for Corporate donations only)						<ul> <li>All donations will be credited in Canadian</li> </ul>
	riporate domations only,					<ul><li>dollars.</li><li>All donations are 100% tax</li></ul>
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provinc	ce	Postal Cod	de		transferable.
Phone Number (manda	tory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email)  o receive emails from the BC ( est news and events, and fun			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	ything you can give. Every do	ollar helps save n	nore lives!			
□ \$2,500	Ambassador	Payments Ov				
□ \$1,500	Challenger			payments of		
□ <b>\$1,000</b>	Champion	(monthly payr cannot extend				
□ \$500	Catalyst	carriot exterio	r beyond Augi	13( 31, 2023.)		
□ \$250 □ \$	Supporter Custom					
	me or message as you would	like it to appear	on the partic	cipant's Hon	our Roll	
-	v the amount of my gift on the ame to appear on the Tour de		nour Roll.			_
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS				
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	ease make chequ	ies payable to	Tour de Cur	e. Include p	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	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholder :	Signature _			