



2024 DONATION FORM

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

WHO ARE YOU DO		757				Please mail this form or drop off with your donation to this address:
Steve Kassir	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 Y	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name						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
	mporate domations only/					dollars. • All donations are 100% tax
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provii	nce	Postal Co	de		transferable.
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations.
	ceipt by email) o receive emails from the BC est news and events, and ful			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 o	dollar helps save	more lives!			
□ \$2,500	Ambassador	Payments O				
☐ \$1,500	Challenger			payments of \$		
□ \$1,000	Champion			\$25 or higher	and	
□ \$500	Catalyst	cannot exten	d beyond Augi	ISC 31, 2023.)		
□ \$250	Supporter					
□ \$	Custom					
Please enter your na	me or message as you woul	ld like it to appea	r on the partic	cipant's Hono	ur Roll	
-	w the amount of my gift on th		nour Roll.			
SELECT BETWEEN	TWO EASY PAYMENT OP	TIONS				
☐ Personal Cheque	Single payment in full only. I number on all cheques.	Please make cheq	ues payable to	Tour de Cure.	Include pa	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	Exp	☐ Visa☐ Mastercard☐ Amex
Cardholder Name _		Cardholder	Signature _			