



2024 DONATION FORM

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

WHO ARE YOU DO		778	Please mail this form or drop off with your donation to this address:
Philip Kim Name		Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO AI	PPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Nam	e	Each cheque must come with its own donation form.
	prporate donations only)		 All donations will be credited in Canadian dollars.
Mailing Address	Province	Postal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)			 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC Cal est news and events, and fundra		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an ☐ \$2,500 ☐ \$1,500 ☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$	ything you can give. Every dolla Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2023.)	_
Please enter your na	me or message as you would lik	ke it to appear on the participant's Honour Ro	l
□ I do not want my n	v the amount of my gift on the pa ame to appear on the Tour de Cu TWO EASY PAYMENT OPTIO	re website.	de participant name and
number on all cheques. Credit card Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. Payments commence			
	immediately upon the processing	g of this form by the donation office.	□ Visa
Card Number		CVV	Exp ☐ Mastercard ☐ Amex
Cardholder Name		Cardholder Signature	