



## 2024 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?	704			Please mail this form or drop off with your donation to this address:
Shane King 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 YOU	R TAX RECEIP	PT	You can also donate online at tourdecure.ca
First Name	Last Na	ame			Each cheque must come     with its own donation form
Company name (for Corporate donations only)				<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>	
Mailing Address  City	Provinc	ce	Postal Code		<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more) non-refundable and non-transferable.</li> </ul>
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 fund EVEL OF DONATION	draising initiatives.		n	BC Cancer Foundation, please visit: bccancerfoundation.com
<ul> <li>\$2,500</li> <li>\$1,500</li> <li>\$1,000</li> <li>\$500</li> <li>\$250</li> <li>\$</li> </ul>	Ambassador Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over	<b>Fime</b> _ monthly payn ts must be \$25	or higher and	<u>d</u>
Please enter your na	me or message as you would	like it to appear on	the participar	nt's Honour R	Roll
☐ I do not want my n	w the amount of my gift on the name to appear on the Tour de O	Cure website.			
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include 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 of this form by the donation office.				
Card Number			CV\	/	Exp
Cardholder Name		Cardholder Sign	ature		