



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?			Please mail this form or drop off with your donation to this address:	
Mohau Kolisang		Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLEARLY, A	S YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	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)			 All donations will be credited in Canadian dollars. 	
Mailing Address City	Provinc	ce 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. 	
Email (to receive tax receipt by en ☐ Yes, I would like to receive breakthroughs, latest news CHOOSE YOUR LEVEL OF	emails from the BC (and events, and fund	Cancer Foundation about research draising initiatives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
We're grateful for anything y □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ monthly payments of \$ monthly payments of \$ cannot extend beyond August 31, 2023.)	_	
Please enter your name or m	essage as you would	like it to appear on the participant's Honour Rol	ι	
	ppear on the Tour de	Cure website.	le participant name and	
		Your statement(s) will read Tour de Cure BC Cancer sing of this form by the donation office.	•	
Card Number		CVV	□ Visa □ Mastercard □ Amex	
Cardholder Name		Cardholder Signature		