



2024 DONATION FORM

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

	Stephen Korsa 806				Please mail this form or drop off with your donation to this address:
Stephen Kor	sa	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH I	T TO APPEAR ON	YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
E M					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
Company name (for Co	orporate domations only)				dollars. • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	ı	Province	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 test news and events, an			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	nything you can give. Eve	ery dollar helps save	more lives!		
□ \$2,500	Ambassac	lor Payments 0			
□ \$1,500	Challenge	(monthly na		payments of \$ <u> </u>	
□ \$1,000	Champior		nd beyond Augi		u
□ \$500	Catalyst		, ,		
□ \$250 □ \$	Supporter Custom				
Please enter your na	ıme or message as you v	would like it to appe	ar on the parti	cipant's Honour	Roll
•	w the amount of my gift on the Tolerand		onour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT	OPTIONS	I		
☐ Personal Cheque	Single payment in full o number on all cheques.		ques payable to	Tour de Cure. In	clude 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
Cardholder Name _		Cardholde	er Signature _		