



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? Paul Kwan 822						Please mail this form or drop off with your donation to this address:	
Paul Kwan 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 Y	OUR 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 	
	orporate doriations only,					dollars.All donations are 100% tax	
Mailing Address						deductible, tax receiptable (if you donate \$10 or more),	
City	Provin	ce	Postal Co	de		non-refundable and non- 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 rest news and events, and fun			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 do	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments O					
☐ \$1,500	Challenger			payments of			
□ \$1,000	Champion		ments must be		er and		
□ \$500	Catalyst	Carmot exteri	d beyond Aug	JSL 31, 2023.)			
□ \$250	Supporter						
□ \$	Custom						
Please enter your na	me or message as you would	l like it to appea	r on the parti	cipant's Hon	our Roll		
-	w the amount of my gift on the name to appear on the Tour de		nour Roll.			_	
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS					
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheq	ues payable to	Tour de Cure	e. Include p	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	☐ Visa☐ Mastercard☐ Amex	
Cardholder Name _		Cardholder	Signature _				