



## 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:	
Walter Leech	<u>1</u>	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOUR	R TAX RECEIPT		You can also donate online at tourdecure.ca
					Each cheque must come     with its own donation form.
First Name	Last Name				All donations will be credited in Canadian
Company name (for Co	orporate donations only)				dollars.
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Provin	ice	Postal Code		transferable.
Phone Number (manda	atory for credit card payments)				<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email)  o receive emails from the BC test news and events, and fun		about research		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. Every do	ollar helps save more	e lives!		
□ \$2,500	Ambassador	Payments Over			
□ \$1,500	Challenger	(monthly paymen	monthly payme		_
□ \$1,000	Champion	cannot extend be			
□ \$500 □ \$250	Catalyst				
□ \$	Supporter Custom				
Please enter your na	me or message as you would	d like it to appear on	the participant	s's Honour Rol	ıl
-	w the amount of my gift on the name to appear on the Tour de		Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheques ¡	payable to Tour	de Cure. Includ	de 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 _		Cardholder Sign	ature		