



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:
Charline Lere	oy	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT	ΓΟ APPEAR ON Y	OUR TAX RE	CEIPT	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					All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Pro	vince	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 B test news and events, and f			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. Every	dollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O			
☐ \$1,500	Challenger	· · · · · · ·		payments of \$	
□ \$1,000	Champion		rments must be id beyond Augi	\$25 or higher a	and
□ \$500	Catalyst	carinot exter	ia beyona Augi	35(31, 2023.)	
□ \$250	Supporter				
Please enter your na	Custom ame or message as you wo	uld like it to annea	or on the partic	rinant's Honou	r Roll
	mile of message as you wo	uto tike it to appea			
•	w the amount of my gift on t name to appear on the Tour (onour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT O	PTIONS			
☐ Personal Cheque	Single payment in full only number on all cheques.	. Please make cheq	jues payable to	Tour de Cure. I	nclude 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	Signature _		