



## 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?  PCI. Pedallers 884				Please mail this form or drop off with your donation to this address:	
PCL Pedalle	rs	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	UR TAX REC	EIPT	You can also donate online at tourdecure.ca
					Each cheque must come     with its own donation form.
First Name	rst Name  Last Name  ompany name (for Corporate donations only)				
Company name (for Co	orporate donations only)				dollars.  • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	nce	Postal Cod	е	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 fur			arch	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 d	ollar helps save m	ore lives!		
□ \$2,500	Ambassador	Payments Ove	r Time		
□ <b>\$1,500</b>	Challenger	,		ayments of \$ _	<del></del>
☐ \$1,000	Champion	(monthly paym cannot extend		\$25 or higher ar	nd
□ \$500	Catalyst	Carinot exterio	beyona Augu	3( 31, 2023.)	
□ \$250	Supporter				
Please enter your na	Custom ame or message as you would	d like it to appear o	on the partic	ipant's Honour	Roll
•	w the amount of my gift on the name to appear on the Tour de		our Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS			
☐ Personal Cheque	Single payment in full only. P	Please make cheque	es 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 Visa Mastercard
Cardholder Name _		Cardholder Si	gnature		