



## 2024 DONATION FORM

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

WHO ARE YOU DO		Please mail this form or drop off with your donation to this address:
Kevin Lew Name	884 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 TAX RECE	·
First Name	Last Name	Each cheque must come     with its own donation form.
First Name  Company name (for Co	Last Name prporate donations only)	All donations will be credited in Canadian dollars.
Mailing Address		All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
Phone Number (manda	Province Postal Code  tory for credit card payments)	transferable.  • Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC Cancer Foundation about resear est news and events, and fundraising initiatives. EVEL OF DONATION	BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an	ything you can give. Every dollar helps save more lives!	
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassador Challenger Champion Catalyst Supporter Custom  Payments Over Time monthly payments must be \$2 cannot extend beyond August	25 or higher and
Please enter your na	me or message as you would like it to appear on the particip	ant's Honour Roll
	v the amount of my gift on the participant's Honour Roll. ame to appear on the Tour de Cure website.	
SELECT BETWEEN	TWO EASY PAYMENT OPTIONS	
☐ Personal Cheque	Single payment in full only. Please make cheques payable to To number on all cheques.	our de Cure. Include 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		VV Exp □ Visa □ Mastercard
Cardholder Name _	Cardholder Signature	☐ Amex