



2024 DONATION FORM

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

| WHO ARE YOU DONATIN | G TO? | 0.40 | Please mail this form or drop off with your donation to this address: | |
|---|---|---|--|--|
| Daniel Mackay Name | | 940 Participant number | BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1 | |
| PLEASE PRINT CLEARLY, A | AS YOU WISH IT TO | APPEAR ON YOUR TAX RECEIPT | You can also donate online at tourdecure.ca | |
| First Name | Last Na | ame | • Each cheque must come with its own donation form. | |
| Company name (for Corporate donations only) | | | All donations will be credited in Canadian dollars. | |
| Mailing Address | Provinc | ce Postal Code | All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable. | |
| Phone Number (mandatory for credit card payments) | | | Ask your company if they provide matching gifts for donations. | |
| Email (to receive tax receipt by e ☐ Yes, I would like to receive breakthroughs, latest news | emails from the BC (s and events, and fund | Cancer Foundation about research draising initiatives. | For more information about BC Cancer Foundation, please visit: bccancerfoundation.com | |
| We're grateful for anything y □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$ | ou can give. Every do Ambassador Challenger Champion Catalyst Supporter Custom | Payments Over Time monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2023.) | _ | |
| Please enter your name or m | essage as you would | like it to appear on the participant's Honour Roll | | |
| number | ASY PAYMENT OPTI Dayment in full only. Pl | Cure website. | | |
| | ately upon the proces | sing of this form by the donation office. | ☐ Visa☐ Mastercard | |
| Card Number | | Cardholder Signature | xp ☐ Mastercard ☐ Amex | |
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