



## 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?  Pi Mallen 962						Please mail this form or drop off with your donation to this address:	
Pj Mallen Name	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 RE	CEIPT		You can also donate online at tourdecure.ca	
 First Name	Look N					Each cheque must come with its own donation form.	
First Name  Last Name  Company name (for Corporate donations only)						<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>	
Mailing Address						All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-	
City	Provir	nce	Postal Co	ode		transferable.	
Phone Number (mandatory for credit card payments)						<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>	
breakthroughs, lat	o receive emails from the BC test news and events, and fur EVEL OF DONATION	ndraising initiativ	es.	earch		please visit: bccancerfoundation.com	
We're grateful for an	ything you can give. Every d	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments C			<i>c</i>		
□ \$1,500	Challenger	(monthly na	monthly yments must b	payments of			
☐ \$1,000	Champion		nd beyond Aug				
□ \$500	Catalyst						
□ \$250 □ \$	Supporter Custom						
Please enter your na	me or message as you would	d like it to appe	ar on the part	cipant's Ho	nour Roll		
-	w the amount of my gift on the ame to appear on the Tour de		onour Roll.			_	
SELECT BETWEEN	TWO EASY PAYMENT OPT	TIONS					
☐ Personal Cheque	Single payment in full only. F	Please make che	ques payable to	o Tour de Cu	re. Include <sub>I</sub>	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	Ехр	☐ Visa☐ Mastercard☐ Amex	
Cardholder Name _		Cardholde	r Signature .				