



## 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?  Scott Marshall 975			Please mail this form or drop off with your donation to this address:		
Name	<u></u>	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOU	IR TAX RECI	EIPT	You can also donate online at tourdecure.ca
First Name					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					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Provir	nce	Postal Code		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 nything you can give. Every d	ndraising initiatives.		rch	please visit: bccancerfoundation.com
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over (monthly payme cannot extend b	Time _ monthly pa nts must be \$		
Please enter your na	ame or message as you would	d like it to appear o	n the partici	oant's Honour R	oll
•	w the amount of my gift on the name to appear on the Tour de		ur Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	Please make cheques	payable to T	our de Cure. Inc	ude 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 Sig	nature		