



## 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?			Please mail this form or drop off with your donation to this address:
Samantha Mason		989  Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEARLY,	AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	nma .	• Each cheque must come with its own donation form.
Company name (for Corporate donations only)			<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address City	Provinc	ce Postal Code	<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.</li> </ul>
Phone Number (mandatory for credit card payments)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, latest new	e emails from the BC ( s and events, and fund F DONATION		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 □ \$ \$	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 n	nessage as you would	like it to appear on the participant's Honour Roll	
	ASY PAYMENT OPTI	Cure website.	e participant name and
☐ Credit card Single	or monthly payments. `	Your statement(s) will read Tour de Cure BC Cancer. sing of this form by the donation office.	Payments commence
Card Number			□ Visa □ Mastercard □ Amex
Cardholder Name		Cardholder Signature	