



## 2024 DONATION FORM

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

WHO ARE YOU DO	atheson 991					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	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
First Name	Last N	la ma a				Each cheque must come with its own donation form.	
	prporate donations only)	arrie				All donations will be credited in Canadian	
Company hame nor Co	in porate donations only)					dollars.	
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	Provin	ice	Postal Co	ode		transferable.	
Phone Number (manda	atory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>	
,	ceipt by email) o receive emails from the BC est news and events, and fun			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments (	Over Time				
□ <b>\$1,500</b>	Challenger	,		payments of			
□ <b>\$1,000</b>	Champion		yments must be nd beyond Aug				
□ \$500 - ·	Catalyst	cariirot exte	na beyona nag	dot 01, 2020.	,		
□ \$250 □ \$	Supporter Custom						
	me or message as you would	d like it to appe	ar on the parti	cipant's Ho	nour Roll		
☐ I do not want my n	w the amount of my gift on the lame to appear on the Tour de	Cure website.	onour Roll.			_	
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS					
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.						
☐ 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				