



## 2025 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?				Please mail this form or drop off with your donation to this
Josh Adam	Participant number			address:  BC Cancer Foundation	
Name				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	lame			• Each cheque must come with its own donation form.
riist ivairie	Lastin	iarrie			<ul> <li>All donations will be</li> </ul>
Company name (for Corporate donations only)					<ul><li>credited in Canadian dollars.</li></ul>
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),</li> </ul>
City	Provin	nce	Postal Co	de	— non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
Email (to receive tax rec	ceipt by email)				For more information about BC Cancer Foundation,
breakthroughs, lat	o receive emails from the BC est news and events, and fun			earcri	bccancerfoundation.com
We're grateful for an	ything you can give. Every de	ollar helps save	more lives!		
□ \$2,500	Ambassador	Payments (	Over Time		
□ \$1,500	Challenger		monthly	payments of \$ _	<del></del>
□ <b>\$1,000</b>	Champion		yments must be nd beyond Aug	e \$25 or higher and	d
□ \$500	Catalyst	Carinot exte	na beyona Aug	ust 31, 2023.)	
□ \$250 □ ·	Supporter				
□ \$	Custom .				- ·
Please enter your na	me or message as you would	d like it to appe	ar on the parti	cipant's Honour I	Koll
☐ I prefer not to show	v the amount of my gift on the	e participant's H	onour Roll.		
☐ I do not want my n	ame to appear on the Tour de	Cure website.			
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make che	ques payable to	Tour de Cure. Inc	clude 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 Visa Mastercard
Cardholder Name _		Cardholde	r Signature _		