



2025 DONATION FORM

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

WHO ARE YOU DO		1010				Please mail this form or drop off with your donation to this address:	
Carolyn McDonald 1010 Name Participant			t number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
First Name	Look	Name				Each cheque must come with its own donation form.	
First Name		Name				All donations will be credited in Canadian	
Company name (for Co	orporate donations only)					dollars.	
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- 	
City	Provi	nce	Postal Co	de		transferable.	
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations. 	
breakthroughs, lat	o receive emails from the BC est news and events, and fu			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 o	dollar helps sav	e more lives!				
□ \$2,500	Ambassador	Payments					
□ \$1,500	Challenger	,		payments of \$			
□ \$1,000	Champion		ayments must be and beyond Aug	e \$25 or higher (and		
□ \$500 - ·	Catalyst	carriot cate	na beyona nag	d3t 01, 2020.,			
□ \$250 □ \$	Supporter Custom						
	me or message as you wou	ld like it to appe	ear on the parti	cipant's Honou	ur Roll		
☐ I do not want my n	v the amount of my gift on th ame to appear on the Tour do TWO EASY PAYMENT OP	e Cure website.	Ionour Roll.			-	
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make che	eques payable to	Tour de Cure.	Include pa	articipant 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		Cardhold	er Signature				