



2025 DONATION FORM

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

WHO ARE YOU DON		1000	Please mail this form or drop off with your donation to this address:
James McLella Name	an	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEA	RLY, AS YOU WISH IT TO A	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Nar	na	• Each cheque must come with its own donation form.
Company name (for Corporate donations only)			 All donations will be credited in Canadian dollars.
Mailing Address	Province	e Postal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)			 Ask your company if they provide matching gifts for donations.
breakthroughs, latest	eceive emails from the BC Co t news and events, and fund EL OF DONATION		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for anyth ☐ \$2,500 ☐ \$1,500 ☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ monthly payments of \$ monthly payments must be \$25 or higher and cannot extend beyond August 31, 2025.)	
Please enter your name	e or message as you would l	ike it to appear on the participant's Honour Ro	U
□ I do not want my nam	the amount of my gift on the part to appear on the Tour de C WO EASY PAYMENT OPTIC	ONS	de narticinant name and
 ☐ 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 			
		ng of this form by the donation office.	√ Visa
Card Number		CVV	Exp
Cardholder Name		Cardholder Signature	