



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 address:
Stacy Miller Name	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 RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Name	• Each cheque must come with its own donation form.
	prporate donations only)	 All donations will be credited in Canadian dollars.
Mailing Address	Province Postal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.
Phone Number (manda	tory for credit card payments)	 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC Cancer Foundation about research est news and events, and fundraising initiatives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$250	ything you can give. Every dollar helps save more lives! Ambassador Challenger Champion Catalyst Supporter Custom Ambassador Challenger (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2025.)	_
Please enter your na	me or message as you would like it to appear on the participant's Honour Roll	
□ I do not want my n	the amount of my gift on the participant's Honour Roll. ame to appear on the Tour de Cure website. TWO EASY PAYMENT OPTIONS Single payment in full only. Please make cheques payable to Tour de Cure. Includ number on all cheques.	e participant name and
☐ Credit card	Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. immediately upon the processing of this form by the donation office.	•
Card Number	CVV	xp
Cardholder Name	Cardholder Signature	