



2025 DONATION FORM

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

WHO ARE YOU DONATING TO?				Please mail this form or drop off with your donation to this address:
Colton Beha	<u>1</u>	Participant number		BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO AF	PPEAR ON YOUR TAX RECEI	PT	You can also donate online at tourdecure.ca
First Name	Last Nam	e		• Each cheque must come with its own donation form.
	prporate donations only)			 All donations will be credited in Canadian dollars.
Mailing Address City	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, late	o receive emails from the BC Carest news and events, and fundra	aising initiatives.	ch	BC Cancer Foundation, please visit: bccancerfoundation.com
\$2,500 \$1,500 \$500 \$500 \$250 \$	ything you can give. Every dolla Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly pay (monthly payments must be \$2 cannot extend beyond August 3	5 or higher and	
Please enter your na	me or message as you would lik	ke it to appear on the participa	ant's Honour Roll	
☐ I do not want my n	v the amount of my gift on the pa ame to appear on the Tour de Cu TWO EASY PAYMENT OPTIO	re website.		_
☐ 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		CV	/V Exp	
Cardholder Name		Cardholder Signature		