



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? Workday Warriors 1107								Please mail this form or drop off with your donation to this address:			
Workday Wa	Participant number							BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1			
PLEASE PRINT CL	EARLY, AS Y	OU WISH IT TO	APPEAR ON	N YOUR TAX	RECEIPT			You can also tourdecure.c		online at	
First Name		Last Na	ame					• Each che with its o			
Company name (for Corporate donations only)								 All donations will be credited in Canadian dollars. 			
Mailing Address City		Provin	ce	Postal	Code			All donati deductibl (if you do non-refu	le, tax rec nate \$10 ndable ar	eiptable or more),	
Phone Number (mandatory for credit card payments)								 Ask your company if they provide matching gifts for donations. 			
☐ Yes, I would like to breakthroughs, lat	o receive ema test news and	NATION	draising initia	tives.				BC Cancer F please visit: bccancerfou		-	
We're grateful for an	nything you c		-								
<pre>□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250</pre>	.,500 Challenger monthly payments of \$,,000 Champion Catalyst monthly payments of \$										
Please enter your na	ame or messa	ge as you would	l like it to app	pear on the pa	rticipant	s Honour	Roll				
☐ I prefer not to show ☐ I do not want my not select BETWEEN ☐ Personal Cheque	I TWO EASY Single paym	PAYMENT OPT	Cure website.		e to Tour c	de Cure. Inc	clude pa	- articipant nan	ne and		
☐ Credit card	number on all cheques. 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		□ Vis	astercard	
Cardholder Name			Cardhol	der Signature						-	