



## 2025 DONATION FORM

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

WHO ARE YOU DO				Please mail this form or drop off with your donation to this address:		
Tammy Naza	ruk 1114  Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
E M						Each cheque must come with its own donation form.
First Name  Last Name  Company name (for Corporate donations only)						All donations will be credited in Canadian
Mailing Address						<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),</li> </ul>
City	Provi	nce	Postal Co	de		non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)						<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the BC test news and events, and fui			earch		BC Cancer Foundation, please visit: bccancerfoundation.com
	nything you can give. Every d	lollar helps save	more lives!			
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassador Challenger Champion Catalyst Supporter Custom					
Please enter your na	ime or message as you woul	d like it to appea	ar on the parti	cipant's Hono	our Roll	
•	w the amount of my gift on th		onour Roll.			_
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS				
☐ Personal Cheque	Single payment in full only. I number on all cheques.	Please make ched	ques payable to	Tour de Cure	. Include p	participant 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 _		Cardholde	r Signature .			