



## 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:
Diana Benne	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
		Each cheque must come     with its own donation form.
First Name  Company name (for Co	Last Name  prporate donations only)	All donations will be credited in Canadian dollars.
Mailing Address		<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
Phone Number (manda	Province Postal Code atory for credit card payments)	<ul> <li>transferable.</li> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the BC Cancer Foundation about research test news and events, and fundraising initiatives.	BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an	ything you can give. Every dollar helps save more lives!	
<pre>□ \$2,500</pre> □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom  Payments Over Time monthly payments of \$ (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 Ro	u
	w the amount of my gift on the participant's Honour Roll. name to appear on the Tour de Cure website.	
SELECT BETWEEN	TWO EASY PAYMENT OPTIONS	
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Inclunumber on all cheques.	de participant name and
☐ Credit card	Single or monthly payments. Your statement(s) will read Tour de Cure BC Cance immediately upon the processing of this form by the donation office.	r. Payments commence
Card Number		Exp
Cardholder Name _	Cardholder Signature	