



## 2025 DONATION FORM

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

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WHO ARE YOU DONATING TO?						Please mail this form or drop off with your donation to this	
Team KPMC	6 - Keep Pedaling Mo	re1 🕬 ng				address:	
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 RE	CEIPT		You can also donate online at tourdecure.ca	
First Name	Last Na	2000				Each cheque must come with its own donation form.	
riist ivairie	LdSt No	ame				All donations will be credited in Canadian	
Company name (for Co	orporate donations only)					dollars.	
Mailing Address						All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),	
City	Provinc	ce	Postal Co	de		non-refundable and non- transferable.	
Phone Number (manda	atory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>	
•	ceipt by email)  o receive emails from the BC ( test news and events, and fund			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR L	EVEL OF DONATION						
We're grateful for ar	nything you can give. Every do	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments (	Over Time				
□ \$1,500	Challenger		monthly	payments		_	
□ <b>\$1,000</b>	Champion		yments must be		-		
□ \$500	Catalyst	cannot exte	nd beyond Aug	ust 31, 202	5.)		
□ \$250	Supporter						
□\$	Custom						
Please enter your na	ame or message as you would	like it to appe	ar on the parti	cipant's H	onour Rol	Į.	
-	w the amount of my gift on the		onour Roll.			<del></del>	
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SELECT BETWEEN	I TWO EASY PAYMENT OPTI	IONS					
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	ease make che	ques payable to	Tour de C	Cure. Includ	le 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	E	□ Visa □ Mastercard	
Cardholder Name _		Cardholde	r Signature _			☐ Amex	