



## 2025 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?				Please mail this form or drop off with your donation to this
Vipul Pachch	1163		address:		
Name	ngai	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 '	YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
 First Name	l act N	Name			• Each cheque must come with its own donation form.
Company name (for Corporate donations only)					<ul> <li>All donations will be credited in Canadian</li> </ul>
Company name (for Co	orporate donations only)				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>
City	Provi	nce	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
Email (to receive tax rec	ceipt by email)				For more information about BC Cancer Foundation,
breakthroughs, lat	o receive emails from the BC est news and events, and ful EVEL OF DONATION			earch	bccancerfoundation.com
We're grateful for an	ything you can give. Every c	Iollar helps save	more lives!		
□ \$2,500	Ambassador	Payments C	Over Time		
□ <b>\$1,500</b>	Challenger	/		payments of \$	
□ \$1,000 -	Champion		nd beyond Aug	e \$25 or higher and ust 31. 2025.)	1
□ \$500	Catalyst			,,,	
□ \$250 □ \$	Supporter Custom				
	me or message as you woul	d like it to appe	ar on the parti	cipant's Honour F	Roll
	w the amount of my gift on th		onour Roll.		
☐ I do not want my n	ame to appear on the Tour de	e Cure website.			
SELECT BETWEEN	TWO EASY PAYMENT OP	TIONS			
☐ Personal Cheque	Single payment in full only. I number on all cheques.	Please make che	ques payable to	Tour de Cure. Inc	lude 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	Exp
Cardholder Name _		Cardholde	r Signature _		