



2025 DONATION FORM

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

WHO ARE YOU DO		1177			Please mail this form or drop off with your donation to this address:
Katie Paoluo	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	UR TAX REC	EIPT	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
Company name (for Co	orporate donations only)				dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	nce	Postal Cod	e	transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
	ceipt by email) o receive emails from the BC test news and events, and fur			arch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	nything you can give. Every d	ollar helps save m	ore lives!		
□ \$2,500	Ambassador	Payments Ove			
□ \$1,500	Challenger	(monthly navm		ayments of \$ \$25 or higher and	
□ \$1,000	Champion	cannot extend			
□ \$500 □ \$250	Catalyst Supporter				
□ \$	Custom				
Please enter your na	ame or message as you would	d like it to appear	on the partic	ipant's Honour Ro	oll
•	w the amount of my gift on the name to appear on the Tour de		our Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS			
☐ Personal Cheque	Single payment in full only. Pnumber on all cheques.	Please make chequ	es payable to	Tour de Cure. Incl	ude 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 Visa Mastercard
Cardholder Name _		Cardholder S	ignature		