



2025 DONATION FORM

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

	Rhonda Pattison 1193		
Rhonda Pattison Name		Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEARLY, A	AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	ime	• Each cheque must come with its own donation form.
Company name (for Corporate donations only)			 All donations will be credited in Canadian dollars.
Mailing Address City	Provinc	ce Postal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)			 Ask your company if they provide matching gifts for donations.
Email (to receive tax receipt by e ☐ Yes, I would like to receive breakthroughs, latest news	emails from the BC (s and events, and fund	Cancer Foundation about research draising initiatives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for anything y □ \$2,500	ou can give. Every do Ambassador	ollar helps save more lives! Payments Over Time	
□ \$1,500 □ \$1,000 □ \$500 □ \$250	Challenger Champion Catalyst Supporter Custom	monthly payments of \$ monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2025.)	_
Please enter your name or m	essage as you would	like it to appear on the participant's Honour Roll	
☐ I prefer not to show the am☐ I do not want my name to a SELECT BETWEEN TWO E	ppear on the Tour de (Cure website.	_
	payment in full only. Pl	ease make cheques payable to Tour de Cure. Includ	e participant name and
☐ Credit card Single o	or monthly payments. `	Your statement(s) will read Tour de Cure BC Cancer. sing of this form by the donation office.	•
Card Number		CVV	xp
Cardholder Name		Cardholder Signature	