



## 2025 DONATION FORM

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

WHO ARE YOU DO		1195				Please mail this form or drop off with your donation to this address:
Name						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
F. IN						Each cheque must come with its own donation form.
First Name	Last N	ame				All donations will be credited in Canadian
Company name (for Co	prporate 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	Provin	се	Postal Co	ode		transferable.
Phone Number (mandatory for credit card payments)						<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the BC est news and events, and fun			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
			o ma a na livead			
<ul> <li>\$2,500</li> <li>\$1,500</li> <li>\$1,000</li> <li>\$500</li> <li>\$250</li> <li>\$</li> </ul>	ything you can give. Every do Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly p	Over Time		er and	
Please enter your na	me or message as you would	d like it to app	ear on the parti	cipant's Hor	nour Roll	
☐ I do not want my n	v the amount of my gift on the ame to appear on the Tour de  TWO EASY PAYMENT OPT  Single payment in full only. P number on all cheques.	Cure website.		o Tour de Cu	re. Include p	- 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	Ехр	☐ Visa☐ Mastercard☐ Amare
Cardholder Name		Cardhold	er Signature			☐ Amex