



## 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?						ase mail this fo with your don	'	
Carlos Perei	ro	1200					dress:	acion to this	
Name		Participant number				150	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT			u can also don ırdecure.ca	ate online at	
First Name	Last N	ame					Each cheque with its own d		
						•	All donations		
Company name (for Co	prporate donations only)						credited in Ca dollars.	nadian	
Mailing Address							All donations a deductible, tax (if you donate non-refundab	x receiptable \$10 or more),	
City	Provin	ce	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>		
,	ceipt by email)  o receive emails from the BC ( lest news and events, and fun			earch		BC ple	r more informa Cancer Found ease visit: cancerfoundat	dation,	
CHOOSE YOUR LE	EVEL OF DONATION								
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!						
□ \$2,500	Ambassador	Payments O	ver Time						
☐ \$1,500	Challenger	,	monthly						
□ <b>\$1,000</b>	Champion		ments must be						
□ \$500	Catalyst	cannot exten	d beyond Aug	ust 31, 20	25.)				
□ \$250	Supporter								
<b>\$</b>	Custom								
Please enter your na	me or message as you would	l like it to appea	r on the parti	cipant's l	Honour R	toll			
	w the amount of my gift on the ame to appear on the Tour de		nour Roll.						
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS							
☐ Personal Cheque	Single payment in full only. Proceedings of the second sec	lease make cheq	ues payable to	Tour de	Cure. Incl	lude partio	cipant name an	d	
☐ 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		<ul><li>☐ Visa</li><li>☐ Mastercard</li><li>☐ Amex</li></ul>	
Cardholder Name _		Cardholder	Signature _						