



## 2025 DONATION FORM

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

WHO ARE YOU DONATING TO?					Please mail this form or drop off with your donation to this	
Don Dobinos		1277				address:
Dan Robinson	on	Participant number				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		You can also donate online at tourdecure.ca
First Name	Last N	ame				• Each cheque must come with its own donation form.
					All donations will be credited in Canadian	
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	Provin	се	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 ( est news and events, and fun			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
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			payments		<u> </u>
□ <b>\$1,000</b>	Champion		ments must be			
□ \$500	Catalyst	Carriot exteri	d beyond Aug	ust 31, 202	.3.)	
□ \$250 -	Supporter					
□ \$	Custom			, .,	_	
Please enter your na	me or message as you would	like it to appea	r on the parti	cipant's H	onour R	oll
	v the amount of my gift on the		nour Roll.			
☐ I do not want my n	ame to appear on the Tour de	Cure website.				
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS				
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.					
☐ 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 _		Cardholder	Signature _			