



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 address:	
Adam Shee Name		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	
						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	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	Provin	ce	Postal Co	de		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 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 d	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments O	ver Time				
□ \$1,500	Challenger	,		payments of \$			
☐ \$1,000	Champion		ments must be d beyond Augi	2 \$25 or higher	and		
□ \$500	Catalyst	Carriot exter	a beyona Augi	33(31, 2023.)			
□ \$250 -	Supporter						
Dlease enter your na	Custom me or message as you would	Nike it to annes	r on the parti	cinant's Hono	ur Poll		
	ime of message as you would	и име и по арреа	ir on the parti	cipant's mono	ui Kott		
-	w the amount of my gift on the name to appear on the Tour de		nour Roll.				
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS					
☐ Personal Cheque	Single payment in full only. P	lease make cheq	ues payable to	Tour de Cure.	. Include pa	articipant 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 ☐ Amex	
Cardholder Name _		Cardholder	Signature _				