



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?	1384				Please mail this form or drop off with your donation to this address:
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	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name						Each cheque must come with its own donation form.
First Name	Last N	iame				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	Provir	nce	Postal Co	ode		transferable.
Phone Number (manda	atory 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 fur			search		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	nything you can give. Every d	ollar helps sav	e more lives!			
□ \$2,500	Ambassador	Payments	Over Time			
□ \$1,500	Challenger	,		payments		<u> </u>
□ \$1,000	Champion		ayments must b end beyond Aug			
□ \$500	Catalyst	Carriot exte	ena beyona Aag	just 51, 202	23.)	
□ \$250	Supporter					
☐ \$ Please enter your na	Custom ime or message as you would	d like it to appe	ear on the part	icipant's H	lonour Ro	oll
	w the amount of my gift on the		Honour Roll.			
_ r do not want my n	ame to appear on the roar ac	oure wessite.				
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS				
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make che	eques payable to	o Tour de (Cure. Inclu	ude 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		Exp Visa Mastercard
Cardholder Name		Cardhold	er Signature			☐ Amex