



## 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?	Please mail this form or drop off with your donation to this address:
Haley Smith	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 RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Name	Each cheque must come with its own donation form.
	orporate donations only)	<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address City	Province Postal Code	<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.</li> </ul>
Phone Number (manda	atory 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 Cancer Foundation about research test news and events, and fundraising initiatives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an  ☐ \$2,500  ☐ \$1,500  ☐ \$1,000  ☐ \$500  ☐ \$250  ☐ \$	Ambassador Challenger Champion Catalyst Supporter Custom  Ambassador Challenger Chambion Catalyst Catalyst Custom  Catalyst C	
Please enter your na	me or message as you would like it to appear on the participant's Honour Roll	
☐ I do not want my n  SELECT BETWEEN  ☐ Personal Cheque	w the amount of my gift on the participant's Honour Roll. name to appear on the Tour de Cure website.  I TWO EASY PAYMENT OPTIONS  Single payment in full only. Please make cheques payable to Tour de Cure. Include number on all cheques.	
☐ Credit card	Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. Fimmediately upon the processing of this form by the donation office.	ayments commence  ☐ Visa
Card Number	CVV Exp	□ Mastercard □ Amex
Cardholder Name	Cardholder Signature	