



## 2025 DONATION FORM

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

WHO ARE YOU DO		4000		Please mail this form or drop off with your donation to this address:
Robin Smith		1396  Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO AF	PPEAR ON YOUR TAX RECE	IPT	You can also donate online at tourdecure.ca
First Name	Last Nam	e		• Each cheque must come with its own donation form.
	prporate 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 (mandatory for credit card payments)				<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, late	o receive emails from the BC Car est news and events, and fundra EVEL OF DONATION	aising initiatives.	ch	BC Cancer Foundation, please visit: bccancerfoundation.com
\$2,500   \$1,500   \$500   \$500   \$250   \$	ything you can give. Every dolla Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly pay (monthly payments must be \$2 cannot extend beyond August	5 or higher and	
Please enter your na	me or message as you would lik	ke it to appear on the participa	ant's Honour Roll	
☐ I do not want my n	v the amount of my gift on the pa ame to appear on the Tour de Cu TWO EASY PAYMENT OPTIO	re website.	ur de Cure Includo	
<ul><li>□ Personal Cheque</li><li>□ Credit card</li></ul>	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.  Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. Payments commence			
	immediately upon the processin			□ Visa
Card Number		CI	/V Exp	
Cardholder Name		Cardholder Signature		