



## 2025 DONATION FORM

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

WHO ARE YOU DO		1407	Please mail this form or drop off with your donation to this address:
Paul Stewart		Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLI	ARLY, AS YOU WISH IT TO AP	PPEAR 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.
	rporate 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	tory for credit card payments)		<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	receive emails from the BC Car est news and events, and fundra VEL OF DONATION	ising initiatives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2025.)	
Please enter your na	ne or message as you would lik	e it to appear on the participant's Honour Roll	_
□ I do not want my n	withe amount of my gift on the parame to appear on the Tour de Cur	re website.	
☐ Personal Cheque	TWO EASY PAYMENT OPTION Single payment in full only. Pleas number on all cheques.	se make cheques payable to Tour de Cure. Include	participant name and
☐ Credit card	Single or monthly payments. You	ur statement(s) will read Tour de Cure BC Cancer. F g of this form by the donation office.	Payments commence
Card Number		CVV Ex	□ Visa □ Mastercard □ Amex
Cardholder Name		Cardholder Signature	