



## 2025 DONATION FORM

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

WHO ARE YOU DON		4500	Please mail this form or drop off with your donation to this address:
Leandro Ventu Name	urutti	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEA	RLY, AS YOU WISH IT TO A	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Nar	me	• Each cheque must come with its own donation form.
Company name (for Corporate donations only)			<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address	Province	e 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, lates	eceive emails from the BC C st news and events, and fund EL OF DONATION		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for anyt  □ \$2,500  □ \$1,500  □ \$1,000  □ \$500  □ \$250  □ \$	ching you can give. Every dol Ambassador 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 nam	e or message as you would	like it to appear on the participant's Honour Roll	
☐ I do not want my nan  SELECT BETWEEN T  ☐ Personal Cheque	the amount of my gift on the part of the to appear on the Tour de Common of the Tour de	Cure website.	participant name and
		our statement(s) will read Tour de Cure BC Cancer. Fing of this form by the donation office.	
Card Number		CVV	☐ Visa☐ Mastercard☐ Amex
Cardholder Name		Cardholder Signature	