



2025 DONATION FORM

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

WHO ARE YOU DO		1587				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 CLI	EARLY, AS YOU WISH IT TO	O APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
F. IN						Each cheque must come with its own donation form.
First Name	Last	Name				All donations will be
Company name (for Co	orporate donations only)					credited in Canadian dollars.
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provi	nce	Postal Co	de		transferable.
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC est news and events, and fu			earch		BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an	ything you can give. Every (dollar helps sav	e more lives!			
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassador Challenger Champion Catalyst Supporter Custom					
Please enter your na	me or message as you wou	ld like it to appe	ear on the parti	cipant's Hono	ur Roll	
☐ I do not want my n	v the amount of my gift on the ame to appear on the Tour do	e Cure website.	•			-
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.					
☐ 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	Ехр	□ Visa □ Mastercard
Cardholder Name		Cardholde	er Signature			☐ Amex