



## 2025 DONATION FORM

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

WHO ARE YOU DO	DNATING TO?		Please mail this form or drop off with your donation to this address:
Name	Participant n	umber	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	ARLY, AS YOU WISH IT TO APPEAR ON YO	OUR 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	cory for credit card payments)		<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
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□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$			nd
Please enter your na	ne or message as you would like it to appear	on the participant's Honou	r Roll
-	the amount of my gift on the participant's Hor ame to appear on the Tour de Cure website.	our Roll.	
SELECT BETWEEN	TWO EASY PAYMENT OPTIONS		
☐ Personal Cheque	Single payment in full only. Please make chequ number on all cheques.	es payable to Tour de Cure. Ir	nclude participant name and
☐ Credit card	Single or monthly payments. Your statement(s) immediately upon the processing of this form		ncer. Payments commence
Card Number		CVV	Exp Visa Mastercard
Cardholder Name	Cardholder	Signature	☐ Amex