



2025 DONATION FORM

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

WHO ARE YOU DO		Please mail this form or drop off with your donation to this address:
David Young Name	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	EARLY, AS YOU WISH IT TO APPEAR 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)	 All donations will be credited in Canadian dollars.
Mailing Address	Province Postal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.
Phone Number (mandat	tory for credit card payments)	 Ask your company if they provide matching gifts for donations.
breakthroughs, late	receive emails from the BC Cancer Foundation about research est news and events, and fundraising initiatives. VEL OF DONATION	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for any □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom Cannot extend beyond August 31, 2025.) Ambassador Payments Over Time monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2025.)	
Please enter your nai	me or message as you would like it to appear on the participant's Honour Roll	
□ I do not want my na	the amount of my gift on the participant's Honour Roll. TWO EASY PAYMENT OPTIONS Single payment in full only. Please make cheques payable to Tour de Cure. Include p	articipant name and
☐ Credit card	Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. Paimmediately upon the processing of this form by the donation office.	ayments commence
Card Number	CVV Exp	☐ Mastercard
Cardholder Name	Cardholder Signature	