



2025 DONATION FORM

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

WHO ARE YOU D	ONATING TO?				Please mail this form or drop off with your donation to this address:
Kelly Zirnhel	Participant number		BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOUR	TAX RECEIPT	-	You can also donate online at tourdecure.ca
					Each cheque must come with its own donation form.
First Name Company name (for Company name)	Last No	ame			All donations will be credited in Canadian
Company name (for Co	orporate donations only)				dollars. • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	ce	Postal Code		transferable.
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations.
Email (to receive tax rec	ceipt by email) o receive emails from the BC (Cancer Foundation a	hout research		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
	est news and events, and fun	draising initiatives.			
We're grateful for an	ything you can give. Every do	ollar helps save more	e lives!		
□ \$2,500	Ambassador	Payments Over T			
□ \$1,500	Challenger	(monthly payment	monthly paymers must be \$25 o		
□ \$1,000 □ \$500	Champion Catalyst	cannot extend bey			
□ \$250	Supporter				
□ \$	Custom				
Please enter your na	me or message as you would	like it to appear on	the participant	s's Honour Ro	oll
	w the amount of my gift on the ame to appear on the Tour de		Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. Proumber on all cheques.	ease make cheques p	payable to Tour	de Cure. Inclu	de participant name and
☐ 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		Exp Visa Mastercard Amex
Cardholder Name _		Cardholder Signa	ature		