



2025 DONATION FORM

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

WHO ARE YOU DONATING TO?								Please mail this form or drop off with your donation to this address:	
Russell Zirnh	nelt	Participant number						BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS Y	OU WISH IT TO	APPEAR ON	N YOUR TAX	RECEIP	Γ		You can also donate online at tourdecure.ca	
 First Name		Last Na	ame					Each cheque must come with its own donation form.	
Company name (for Corporate donations only)								 All donations will be credited in Canadian dollars. 	
Mailing Address City		Provinc	ce	Posta	l Code			 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable. 	
Phone Number (mandatory for credit card payments)								 Ask your company if they provide matching gifts for donations. 	
☐ Yes, I would like to breakthroughs, lat	test news and	NATION	draising initia	tives.				BC Cancer Foundation, please visit: bccancerfoundation.com	
\$2,500						nd			
Please enter your na	ame or messa	ge as you would	I like it to app	pear on the p	articipan	t's Honour	Roll		
☐ I prefer not to show ☐ I do not want my n SELECT BETWEEN ☐ Personal Cheque	name to appea	PAYMENT OPT	Cure website.		le to Tour	de Cure. In	clude p	- articipant name and	
□ Credit card	number on all cheques. 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	immediately	upon the proces	ising of this fo	orm by the do	CVV	ice.	Ехр	☐ Visa ☐ Mastercard	
Cardholder Name			Cardhol	der Signature				☐ Amex	