



## 2025 DONATION FORM

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

	lane Evans 1749					Please mail this form or drop off with your donation to this address:
Jane Evans Name		Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
E M						Each cheque must come with its own donation form.
First Name  Last Name  Company name (for Corporate donations only)						All donations will be credited in Canadian
Company name (for Co	orporate doriations only)					<ul><li>dollars.</li><li>All donations are 100% tax</li></ul>
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	ice	Postal Co	de		transferable.
Phone Number (mandatory for credit card payments)						<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email) o receive emails from the BC est news and events, and fur			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	ything you can give. Every d	ollar helps save	more lives!			
<b>□</b> \$2,500	Ambassador	Payments C	ver Time			
☐ \$1,500	Challenger	,		payments of \$		
☐ \$1,000	Champion		ments must b nd beyond Aug	e \$25 or higher	r and	
□ \$500	Catalyst	carriot exter	ia beyona Aug	ust 51, 2025.)		
□ \$250	Supporter					
Selection Please enter your na	Custom me or message as you would	d like it to appea	ar on the parti	cipant's Honc	our Roll	
•	w the amount of my gift on the name to appear on the Tour de		onour Roll.			-
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS				
☐ Personal Cheque	Single payment in full only. P	Please make chec	ques payable to	Tour de Cure	. Include p	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	Ехр	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholdei	Signature .			