



2025 DONATION FORM

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

			Please mail this form or drop
WHO ARE YOU DO		1000	off with your donation to this address:
Kimberley Ko	ch	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEA	ARLY, AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
			• Each cheque must come
First Name	Last Na	me	with its own donation form.All donations will be
Company name (for Cor	porate donations only)		credited in Canadian dollars.
Mailing Address			 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provinc	te Postal Code	transferable.
Phone Number (mandato	ory for credit card payments)		 Ask your company if they provide matching gifts for donations.
		Cancer Foundation about research draising initiatives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LEV	VEL OF DONATION		
	thing you can give. Every do		
□ \$2,500 □ \$1,500	Ambassador Challenger	Payments Over Time monthly payments of \$	
□ \$1,000 □ \$1,000	Champion	(monthly payments must be \$25 or higher and	
□ \$500	Catalyst	cannot extend beyond August 31, 2025.)	
□ \$250	Supporter		
□\$	Custom		
Please enter your nam	ne 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 me to appear on the Tour de (Cure website.	
SELECT BETWEEN	TWO EASY PAYMENT OPTI	ONS	
	Single payment in full only. Plo number on all cheques.	ease make cheques payable to Tour de Cure. Include	e 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	□ Visa □ Mastercard
Cardholder Name		Cardholder Signature	☐ Amex