



2025 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?				Please mail this form or drop off with your donation to this
Mantelluatea		1843			address:
Mark Husker	1	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 TA	X RECEIPT		You can also donate online at tourdecure.ca
First Name	Last Na	me			Each cheque must come with its own donation form.
				 All donations will be credited in Canadian 	
Company name (for Co	orporate donations only)				dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provinc	re Pos	tal Code		transferable.
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations.
,	ceipt by email) o receive emails from the BC Cest news and events, and func		ut research		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
_	EVEL OF DONATION				
_	ything you can give. Every do				
□ \$2,500 -	Ambassador	Payments Over Time			
□ \$1,500 -	Challenger	(monthly payments m	onthly paymer		
□ \$1,000	Champion	cannot extend beyon			•
□ \$500	Catalyst	•			
□ \$250 □ \$	Supporter Custom				
	me or message as you would	like it to appear on the	participant's	Honour R	Roll
	w the amount of my gift on the ame to appear on the Tour de C		II.		
SELECT BETWEEN	TWO EASY PAYMENT OPTI	ONS			
☐ Personal Cheque	Single payment in full only. Plenumber on all cheques.	ease make cheques paya	ıble to Tour d	e Cure. Incl	lude 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
Cardholder Name _		Cardholder Signatur	e		