



## 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 dr off with your donation to		
Lions Fores	me 1865 Participant number				address:			
Name					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	150-686 W. Broadway		
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT		You can also donate onling tourdecure.ca	e at	
 First Name	Last N	ame				Each cheque must cor with its own donation f		
	Lustin					All donations will be credited in Canadian		
Company name (for Co	prporate donations only)					dollars.		
Mailing Address						<ul> <li>All donations are 100%</li> <li>deductible, tax receipta</li> <li>(if you donate \$10 or mon-refundable and no</li> </ul>	able nore),	
City	Provin	ce	Postal Co	ode		transferable.		
Phone Number (mandatory for credit card payments)						<ul> <li>Ask your company if the provide matching gifts donations.</li> </ul>		
,	ceipt by email)  o receive emails from the BC ( est news and events, and fun			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 do	ollar helps save	more lives!					
□ \$2,500	Ambassador	Payments C	ver Time					
☐ \$1,500	Challenger	,		payments		<del></del>		
□ <b>\$1,000</b>	Champion		ments must b			d		
□ \$500	Catalyst	cannot exter	nd beyond Aug	ust 31, 202	25.)			
□ \$250	Supporter							
□\$	Custom							
Please enter your na	me or message as you would	l like it to appea	r on the parti	cipant's F	lonour R	Roll		
	v the amount of my gift on the ame to appear on the Tour de	-	nour Roll.					
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS						
	6: 1			<b>.</b>				
☐ Personal Cheque	Single payment in full only. Pinumber on all cheques.	lease make chec	jues payable to	o Tour de C	Jure. Inci	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 Visa Master	card	
Cardholder Name _		Cardholdei	· Signature .					