



2025 DONATION FORM

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

	*		
WHO ARE YOU DON			Please mail this form or drop off with your donation to this address:
Chris Akehurs	·	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEA	RLY, AS YOU WISH IT TO APP	EAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
F			Each cheque must come with its own donation form.
First Name Company name (for Corp	Last Name		 All donations will be credited in Canadian
Company name (for Corp.	rate donations only,		dollars.All donations are 100% tax
Mailing Address			deductible, tax receiptable (if you donate \$10 or more),
City	Province	Postal Code	non-refundable and non- transferable.
Phone Number (mandator	y for credit card payments)		 Ask your company if they provide matching gifts for donations.
Email (to receive tax recei	ot by email)		For more information about BC Cancer Foundation,
·	ceive emails from the BC Canconews and events, and fundraisi		please visit: bccancerfoundation.com
CHOOSE YOUR LEV	EL OF DONATION		
We're grateful for anytl	ning you can give. Every dollar h	nelps save more lives!	
□ \$2,500	Ambassador Pa	ayments Over Time	
□ \$1,500	Challenger –	monthly payments of \$ nonthly payments must be \$25 or higher and	
□ \$1,000 □ \$===	Champion	annot extend beyond August 31, 2025.)	
□ \$500 □ \$250	Catalyst Supporter		
□ \$	Custom		
Please enter your name	or message as you would like	it to appear on the participant's Honour Roll	
	ne amount of my gift on the parti	cipant's Honour Roll.	_
□ I do not want my nam	e to appear on the Tour de Cure	website.	
SELECT BETWEEN T	WO EASY PAYMENT OPTIONS	5	
	ngle payment in full only. Please umber on all cheques.	make cheques payable to Tour de Cure. Include	participant name and
		statement(s) will read Tour de Cure BC Cancer. P of this form by the donation office.	
Card Number		CVV	
Cardholder Name		Cardholder Signature	☐ Amex