



2025 DONATION FORM

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

	ARE YOU DONATING TO?					
Jason Markham Name		Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEARLY, A	AS YOU WISH IT TO	APPEAR ON	YOUR TAX R	ECEIPT		You can also donate online at tourdecure.ca
						Each cheque must come with its own donation form.
First Name Company name (for Corporate o	Last Na	ame 				All donations will be credited in Canadian
company name (for corporate c	ionations only)					dollars. • All donations are 100% tax
Mailing Address						deductible, tax receiptable (if you donate \$10 or more) —— non-refundable and non-
City	Provin	се	Postal C	Code		transferable.
Phone Number (mandatory for c	redit card payments)					 Ask your company if they provide matching gifts for donations.
Email (to receive tax receipt by e Yes, I would like to receive breakthroughs, latest new	emails from the BC (esearch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LEVEL OF						
We're grateful for anything y □ \$2.500	ou can give. Every do Ambassador		ve more lives! Over Time			
□ \$2,500 □ \$4.500		Payments		ly paymen	ts of \$	
□ \$1,500 □ \$1,000	Challenger	(monthly p	payments must			
□ \$1,000 □ \$===	Champion		end beyond Au		_	
□ \$500 □ \$500	Catalyst					
□ \$250 □ \$	Supporter Custom					
Please enter your name or m	essage as you would	I like it to app	ear on the par	rticipant's	Honour F	Roll
☐ I prefer not to show the am☐ I do not want my name to a	ppear on the Tour de	Cure website.				
SELECT BETWEEN TWO E	ASY PAYMENT OPT	IONS				
	payment in full only. Pr r on all cheques.	lease make ch	eques payable	to Tour de	Cure. Inc	clude participant name and
	or monthly payments. ately upon the proces					ncer. Payments commence
Card Number				CVV		Exp Sisa Mastercard
Cardholder Name		Cardholo	ler Signature			