



2025 DONATION FORM

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

	/HO ARE YOU DONATING TO?				Please mail this form or drop off with your donation to this address:		
Emily Smith		1945 Participant numb	er		BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOUR	TAX RECEIPT		You can also donate online at tourdecure.ca		
					Each cheque must come with its own donation form.		
First Name	Last Na	ame			All donations will be credited in Canadian		
Company hame (for Co	orporate donations only)				dollars. • All donations are 100% tax		
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-		
City	Provinc	ce	Postal Code		transferable.		
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations. 		
•	ceipt by email) o receive emails from the BC (test news and events, and fund		bout research		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com		
	EVEL OF DONATION						
We′re grateful for ar □ \$2,500	nything you can give. Every do Ambassador	ollar helps save more Payments Over T					
□ \$1,500	Challenger		monthly paymen				
□ \$1,000	Champion	(monthly payment		-			
□ \$500	Catalyst	cannot extend bey	ond August 31, 2	025.)			
□ \$250	Supporter						
□\$	Custom						
Please enter your na	ime or message as you would	like it to appear on	the participant's	Honour Roll			
□ I do not want my r	w the amount of my gift on the name to appear on the Tour de	Cure website.	Roll.		_		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	ONS					
□ Personal Cheque	Single payment in full only. Pl number on all cheques.	ease make cheques p	ayable to Tour de	e Cure. Include	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	Ex	□ Visa □ Mastercard □ Amex		
Cardholder Name _		Cardholder Signa	iture				