



2025 DONATION FORM

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

WHO ARE YOU DONATING TO?								Please mail this form or drop off with your donation to this address:		
Joanne Turn	Turnbull 1954 Participant number						BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1			
PLEASE PRINT CL	EARLY, AS YO	DU WISH IT TO	APPEAR ON	I YOUR TAX	RECEIPT			You can also donate onlintourdecure.ca	ne at	
 First Name		Last Na	ame					• Each cheque must co with its own donation		
Company name (for Corporate donations only)								 All donations will be credited in Canadian dollars. 		
Mailing Address City		Provinc	ce	Postal	Code		_	 All donations are 1009 deductible, tax receipt (if you donate \$10 or a non-refundable and retransferable. 	table more),	
Phone Number (mandatory for credit card payments)								 Ask your company if t provide matching gifts donations. 		
☐ Yes, I would like to breakthroughs, lat CHOOSE YOUR LE We're grateful for an	test news and	events, and fund	draising initia	tives.				BC Cancer Foundation, please visit: bccancerfoundation.com	n	
 \$2,500 \$1,500 \$1,000 \$500 \$250 \$ 	yamig you ca	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly p	Over Time	hly payme t be \$25 o	r higher an	d			
Please enter your na	ime or messa	ge as you would	l like it to app	pear on the pa	articipant	s Honour	Roll			
☐ I prefer not to show ☐ I do not want my n	name to appea	r on the Tour de	Cure website.					-		
☐ Personal Cheque	Single paymenumber on a	•	ease make ch	neques payablo	e to Tour (de Cure. Inc	clude pa	articipant 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		Ехр	☐ Visa ☐ Maste		
Cardholder Name			Cardhol	der Signature						