



## 2025 DONATION FORM

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

WHO ARE YOU D		1001		Please mail this form or drop off with your donation to this address:
Jason Braur	<u> </u>	1964  Participant number		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 Name  for Corporate donations only)			All donations will be credited in Canadian
Company hame (for Co	or porate 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 Posta	l Code	transferable.
Phone Number (mandatory for credit card payments)				<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
•	ceipt by email)  o receive emails from the BC ( test news and events, and fund		research	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR L	EVEL OF DONATION			
_	nything you can give. Every do	•	5!	
□ \$2,500 □ \$1,500	Ambassador	Payments Over Time	thly payments of \$	
□ \$1,500 □ \$1,500	Challenger	(monthly payments mu		<del>_</del>
□ \$1,000 □ \$====	Champion	cannot extend beyond	•	
□ \$500 □ \$500	Catalyst	•		
□ \$250 □ \$	Supporter Custom			
	nme or message as you would	like it to appear on the p	participant's Honour Ro	u
□ I do not want my r	w the amount of my gift on the name to appear on the Tour de (	Cure website.		
SELECT BETWEEN	TIWO EAST PATMENT OPT	0113		
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	ease make cheques payab	le to Tour de Cure. Inclu	de 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 Signal Signa
Cardholder Name _		Cardholder Signature		