



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? Paul Wearmouth 1971				Please mail this form or drop off with your donation to this address:	
Paul Wearm	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON YO	UR TAX RECE	IPT	You can also donate online at tourdecure.ca
E M					Each cheque must come with its own donation form.
First Name Last Name Company name (for Corporate donations only)					All donations will be credited in Canadian
	прогасс иопалонз отку				dollars. • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more),
City	Provi	nce	Postal Code		 non-refundable and non- 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 fu			rch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	nything you can give. Every o	dollar helps save m	ore lives!		
□ \$2,500	Ambassador	Payments Ove	r Time		
□ \$1,500	Challenger		monthly pa		_
□ \$1,000	Champion			25 or higher and	
□ \$ 500	Catalyst	cannot extend	beyona August	31, 2023.)	
□ \$250	Supporter				
□ \$	Custom				
Please enter your na	ime or message as you wou	id like it to appear o	on the particip	ant's Honour Ro	u
-	w the amount of my gift on th name to appear on the Tour do		our Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS			
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make cheque	es payable to To	our 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			С	vv	Exp Visa Mastercard
Cardholder Name _		Cardholder Si	gnature		