



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? Bradley Hubbard 1994			Please mail this form or drop off with your donation to this address:
Bradley Hubbard Name		Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEARLY,	AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	me	 Each cheque must come with its own donation form.
Company name (for Corporate donations only)			 All donations will be credited in Canadian dollars.
Mailing Address City	Provinc	re Postal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-transferable.
Phone Number (mandatory for credit card payments)			 Ask your company if they provide matching gifts for donations.
Email (to receive tax receipt by Yes, I would like to receive breakthroughs, latest neven	re emails from the BC C ws and events, and fund	Cancer Foundation about research draising initiatives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for anything □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	you can give. Every do Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2025.)	
Please enter your name or	message as you would	like it to appear on the participant's Honour Ro	oll
	EASY PAYMENT OPTI	Cure website.	de participant name and
☐ Credit card Single		Your statement(s) will read Tour de Cure BC Cance sing of this form by the donation office.	er. Payments commence
Card Number		CVV CVV	Exp
Cardholder Name		Cardholder Signature	