



2025 DONATION FORM

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

WHO ARE YOU DO			Please mail this form or drop off with your donation to this address:
Isabelle Gagr	participant	number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	ARLY, AS YOU WISH IT TO APPEAR ON \	YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Name		• Each cheque must come with its own donation form.
Company name (for Cor			 All donations will be credited in Canadian dollars.
Mailing Address	Province	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.
breakthroughs, late	receive emails from the BC Cancer Founda st news and events, and fundraising initiativ	/es.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for any □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$			_
Please enter your nar	ne or message as you would like it to appe	ar on the participant's Honour Roll	
□ I do not want my na	the amount of my gift on the participant's Home to appear on the Tour de Cure website. TWO EASY PAYMENT OPTIONS Single payment in full only. Please make checulons		e 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			□ Visa □ Mastercard □ Amex
Cardholder Name	Cardholde	r Signature	2