



2025 DONATION FORM

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

WHO ARE YOU DO		2031				Please mail this form or drop off with your donation to this address:
Name	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	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
F. IN						• Each cheque must come with its own donation form.
First Name	Last I	Name				All donations will be
Company name (for Co	prporate donations only)					credited in Canadian dollars.
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provi	nce	Postal Co	ode		transferable.
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC lest news and events, and fu			search		BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an	ything you can give. Every c	lollar helps sav	e more lives!			
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassador Challenger Champion Catalyst Supporter Custom	(monthly p	Over Time monthly ayments must be end beyond Aug		er and	
Please enter your na	me or message as you woul	ld like it to app	ear on the part	icipant's Hor	nour Roll	
☐ I do not want my n	w the amount of my gift on th ame to appear on the Tour de TWO EASY PAYMENT OP	e Cure website.	Honour Roll.			_
☐ Personal Cheque	Single payment in full only. In number on all cheques.	Please make ch	eques payable t	o Tour de Cui	re. Include p	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	Exp	☐ Visa☐ Mastercard☐ Amex
Cardholder Name		Cardhold	er Signature			