



2025 DONATION FORM

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

WHO ARE YOU DO		2034			Please mail this form or drop off with your donation to this address:
Kathleen O&	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
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 dollars.
Mailing Address					All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),
City	Provi	nce	Postal Co	de	non-refundable and non- 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 test news and events, and fu EVEL OF DONATION bything you can give. Every o	ndraising initiati	ves.	earch	please visit: bccancerfoundation.com
 \$2,500 \$1,500 \$1,000 \$500 \$250 \$ 	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (Over Time monthly	payments of \$ e \$25 or higher a ust 31, 2025.)	and
Please enter your na	ame or message as you wou	ld like it to appe	ar on the part	cipant's Honou	ır Roll
•	w the amount of my gift on th name to appear on the Tour de		onour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS			
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make che	ques payable to	Tour de Cure.	Include 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
Cardholder Name _		Cardholde	er Signature .		