



2025 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?						se mail this form or o	
Krishan May	- "	2077				addr	-	7 (1115
Krishan May	Participant number				150-	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	OUR TAX RE	CEIPT			can also donate onli decure.ca	ne at
First Name	Last Na	ame					ach cheque must co vith its own donatior	
Thistrame	Lastin						Il donations will be	
Company name (for Co	orporate donations only)						redited in Canadian ollars.	
Mailing Address						 d (i	Ill donations are 100 eductible, tax receip f you donate \$10 or on-refundable and r	table more),
City	Province	ce	Postal Co	de			ransferable.	
Phone Number (manda	atory for credit card payments)					р	sk your company if t rovide matching gift onations.	
,	ceipt by email) o receive emails from the BC (lest news and events, and fun			earch		BC C	more information ab Cancer Foundation, se visit: incerfoundation.coi	
CHOOSE YOUR LE	EVEL OF DONATION							
We're grateful for an	ything you can give. Every do	ollar helps save r	nore lives!					
□ \$2,500	Ambassador	Payments Ov	er Time					
□ \$1,500	Challenger	<u> </u>	monthly					
□ \$1,000	Champion	(monthly payr						
□ \$500	Catalyst	cannot extend	a beyond Augi	ust 31, 202	5.)			
□ \$250	Supporter							
\$	Custom							
Please enter your na	me or message as you would	l like it to appear	on the parti	cipant's H	onour R	oll		
	w the amount of my gift on the ame to appear on the Tour de		nour Roll.					
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS						
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	lease make chequ	ues payable to	Tour de C	ure. Incl	ude particiį	oant name and	
☐ Credit card	Single or monthly payments. immediately upon the proces				BC Canc	er. Paymen		
Card Number				CVV		Ехр	□ Visa □ Maste	
Cardholder Name _		Cardholder	Signature _				_	