



## 2025 DONATION FORM

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

WHO ARE YOU DO		2161			Please mail this form or drop off with your donation to this address:
Jordan McCl	Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT	TO APPEAR ON `	YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
					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
Company name (for Co	orporate donations only)				dollars.
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Pro	ovince	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email)  o receive emails from the E test news and events, and			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	ything you can give. Ever	y dollar helps save	more lives!		
□ \$2,500	Ambassador	Payments C			
□ \$1,500	Challenger	(monthly na		payments of \$ _ e \$25 or higher ar	nd.
☐ \$1,000	Champion		nd beyond Aug		iu
□ \$500 □ \$250	Catalyst		, ,		
□ \$	Supporter Custom				
Please enter your na	me or message as you wo	ould like it to appe	ar on the parti	cipant's Honour	Roll
•	w the amount of my gift on ame to appear on the Tour		onour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT C	PTIONS			
☐ Personal Cheque	Single payment in full only number on all cheques.	y. Please make che	ques payable to	Tour de Cure. In	clude 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 Visa Mastercard
Cardholder Name _		Cardholde	r Signature _		