



2025 DONATION FORM

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

WHO ARE YOU DONATING TO?			Please mail this form or drop off with your donation to this address:	
Bronwyn Arber		Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLEARLY	, AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca	
First Name	Last Na	ime	• Each cheque must come with its own donation form.	
Company name (for Corporate donations only)			 All donations will be credited in Canadian dollars. 	
Mailing Address City	Provinc	te 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, latest ne	ve emails from the BC C ws and events, and fund DF DONATION		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
We're grateful for anything □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2025.)	-	
Please enter your name or	message as you would	like it to appear on the participant's Honour Roll		
☐ I prefer not to show the a☐ I do not want my name to SELECT BETWEEN TWO ☐ Personal Cheque Single	e appear on the Tour de (Cure website.	e participant name and	
numl ☐ Credit card Singl	per on all cheques. e or monthly payments. '	Your statement(s) will read Tour de Cure BC Cancer.		
imme	ediately upon the proces	sing of this form by the donation office.	□ Visa	
Card Number		CVV Ex	κρ ☐ Mastercard ☐ Amex	
Cardholder Name		Cardholder Signature		