



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? Mark Cruz 2169						Please mail this form or drop off with your donation to this address:	
Mark Cruz Name		Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON \	OUR 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 	
	Siporate defiations only)					dollars.All donations are 100% tax	
Mailing Address						deductible, tax receiptable (if you donate \$10 or more),	
City	Provin	ice	Postal Co	ode		non-refundable and non- transferable.	
Phone Number (mandatory for credit card payments)						 Ask your company if they provide matching gifts for donations. 	
	ceipt by email) o receive emails from the BC test news and events, and fun			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. Every d	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments C	ver Time				
□ \$1,500	Challenger			payments of			
□ \$1,000	Champion		ments must b				
□ \$500	Catalyst	cannot exter	nd beyond Aug	ust 31, 2025.))		
□ \$250	Supporter						
□ \$	Custom						
Please enter your na	me or message as you would	d like it to appea	ar on the part	cipant's Hor	nour Roll		
•	w the amount of my gift on the		onour Roll.			_	
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS					
☐ Personal Cheque	Single payment in full only. P	lease make ched	ques payable to	o Tour de Cui	re. Include p	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☐ Amex	
Cardholder Name _		Cardholde	r Signature .				