



## 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?						ase mail this for with your dona		
Cuson Movel	NO. (	2174					ress:	tion to this	
Susan Mowb	пау	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 Y	OUR TAX RE	CEIPT			can also dona decure.ca	te online at	
First Name	Last N	ame					Each cheque m with its own do		
							<ul> <li>All donations will be credited in Canadian</li> </ul>		
Company name (for Co	orporate donations only)					(	dollars.		
Mailing Address						(	All donations ar deductible, tax if you donate \$ non-refundable	receiptable 310 or more),	
City	Provin	ce	Postal Co	de			ransferable.		
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 BC ( est news and events, and fun			earch		BC (	more informat Cancer Founda ase visit: ancerfoundation	ation,	
_	EVEL OF DONATION	, , , , , , , , , , , , , , , , , , ,							
we re grateful for an	ything you can give. Every do	-							
□ \$2,500 -	Ambassador	Payments O			<b>(</b> C				
□ \$1,500 -	Challenger	(monthly nay	monthly ments must b						
□ \$1,000	Champion		id beyond Aug						
□ \$500	Catalyst								
□ \$250 □ \$	Supporter Custom								
	me or message as you would	d like it to appea	ır on the parti	cipant's l	Honour R	toll			
	w the amount of my gift on the name to appear on the Tour de	-	nour Roll.						
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS							
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make chec	ues payable to	Tour de	Cure. Incl	lude partic	ipant name and	ı	
☐ 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		Ехр		] Visa ] Mastercard ] Amex	
Cardholder Name _		Cardholder	Signature _						