



2025 DONATION FORM

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

WHO ARE YOU DO		218			Please mail this form or drop off with your donation to this address:
Miguel Cardo	<u> </u>	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH I	T TO APPEAR ON	YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
F. IN		1.51			Each cheque must come with its own donation form.
First Name	L	ast Name			 All donations will be
Company name (for Co	orporate donations only)				credited in Canadian dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	P	Province	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the test news and events, and			earch	BC Cancer Foundation, please visit: bccancerfoundation.com
	nything you can give. Eve	ery dollar helps sav	e more lives!		
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassad Challenge Champion Catalyst Supporter Custom	or Payments r (monthly p	Over Time monthly	payments of \$ _ e \$25 or higher and ust 31, 2025.)	d
Please enter your na	ime or message as you w	vould like it to app	ear on the parti	cipant's Honour	Roll
☐ I do not want my n	w the amount of my gift on the Tour same to appear on the Tour TWO EASY PAYMENT	or de Cure website.) Tour de Cure Inc	clude participant name and
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.				
☐ 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
Cardholder Name		Cardhold	er Signature		Affiex