



2025 DONATION FORM

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

WHO ARE YOU DO		2212			Please mail this form or drop off with your donation to this address:
Name	<u>a </u>	Participant	number		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	You can also donate online at tourdecure.ca
First Name	Last N.	ama			Each cheque must come with its own donation form.
East Nume					All donations will be credited in Canadian
Company name (for Co	orporate donations only)				dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	се	Postal Co	de	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 LI	EVEL OF DONATION				
We're grateful for ar	ything you can give. Every do	ollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O	ver Time		
□ \$1,500	Challenger	,		payments of \$	
□ \$1,000	Champion		ments must be d beyond Augi	\$25 or higher a	and
□ \$500	Catalyst	Carriot exteri	a beyona Augi	15(31, 2023.)	
□ \$250	Supporter				
□\$	Custom				
Please enter your na	ime or message as you would	d like it to appea	r on the partio	cipant's Honou	ur Roll
-	w the amount of my gift on the		nour Roll.		
	arrie to appear on the roar ac	Cure Website.			
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheq	ues payable to	Tour de Cure. I	Include 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
Cardholder Name _		Cardholder	Signature		