



## 2025 DONATION FORM

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

	**************************************				
	o are you donating to?				Please mail this form or drop off with your donation to this address:  BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
Frank Benn Name		Participant number			
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOUR	TAX RECEIPT		You can also donate online at tourdecure.ca
F N					Each cheque must come with its own donation form.
First Name  Company name (for Company name)	Last Na prporate donations only)	me			<ul> <li>All donations will be credited in Canadian</li> </ul>
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),</li> </ul>
City	Provinc	ce I	Postal Code		non-refundable and non- transferable.
Phone Number (mand	atory for credit card payments)				<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, la	o receive emails from the BC ( test news and events, and fund EVEL OF DONATION nything you can give. Every do	draising initiatives.			please visit: bccancerfoundation.com
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over To	monthly payment s must be \$25 or	higher and	
Please enter your na	ame or message as you would	like it to appear on t	he participant's	Honour Roll	
☐ I do not want my r	w the amount of my gift on the name to appear on the Tour de (INTERPLEMENT OPTION OF THE Single payment in full only. Please of the control of the payments. Single or monthly payments. Immediately upon the proces	ONS  ease make cheques portion of the control of the cheques portion	ayable to Tour de read Tour de Cur	e BC Cancer. P	
Card Number	miniculately apoil the proces	Sing of this form by th	CVV	Exp	□ Visa □ Mastercard
Cardholder Name _		Cardholder Signa			☐ Amex