



2025 DONATION FORM

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

WHO ARE YOU DO			Please mail this form or drop off with your donation to this address:
Julie Fraser Name	2235 Particip	ant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	ARLY, AS YOU WISH IT TO APPEAR O	N YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Name		• Each cheque must come with its own donation form.
Company name (for Co			All donations will be credited in Canadian dollars.
Mailing Address	Province	Postal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-transferable.
Phone Number (mandatory for credit card payments)			 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	receive emails from the BC Cancer Founest news and events, and fundraising initia	atives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Challenger Champion Catalyst Supporter Custom	s Over Time monthly payments of \$ payments must be \$25 or higher and ktend beyond August 31, 2025.)	
Please enter your na	ne or message as you would like it to ap	pear on the participant's Honour Ro	DII
□ I do not want my n	the amount of my gift on the participant's ame to appear on the Tour de Cure website		
☐ Personal Cheque	TWO EASY PAYMENT OPTIONS Single payment in full only. Please make cl number on all cheques.	heques payable to Tour de Cure. Inclu	ude 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	Cardhol	lder Signature	