



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:
Attar Bopara Name	2272 Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLI	EARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RE	
First Name	Last Name	• Each cheque must come with its own donation form.
	rporate donations only)	All donations will be credited in Canadian dollars.
Mailing Address	Province Postal Co	All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and nontransferable.
Phone Number (manda	tory for credit card payments)	Ask your company if they provide matching gifts for donations.
breakthroughs, lat	receive emails from the BC Cancer Foundation about resest news and events, and fundraising initiatives. VEL OF DONATION	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for an □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom Cannot extend beyond Aug	
Please enter your na	me or message as you would like it to appear on the part	cipant's Honour Roll
□ I do not want my n	the amount of my gift on the participant's Honour Roll. ame to appear on the Tour de Cure website. TWO EASY PAYMENT OPTIONS Single payment in full only. Please make cheques payable to number on all cheques. Single or monthly payments. Your statement(s) will read To	
	immediately upon the processing of this form by the donat	ion office. ☐ Visa
Card Number		CVV Exp Mastercard
Cardholder Name	Cardholder Signature	