



## 2025 DONATION FORM

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

WHO ARE YOU DO		2285			Please mail this form or drop off with your donation to this address:
Michael LeBI	anc	Participant	number		BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLE	EARLY, AS YOU WISH IT T	TO APPEAR ON '	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
First Name	Last	t Name			<ul> <li>Each cheque must come with its own donation form.</li> </ul>
Company name (for Corporate donations only)					<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address	Pro	vince	Postal Co	de	<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-transferable.</li> </ul>
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, late	receive emails from the Best news and events, and for VEL OF DONATION ything you can give. Every	undraising initiativ	res.	earch	BC Cancer Foundation, please visit: bccancerfoundation.com
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments C	Over Time monthly	payments of \$ e \$25 or higher and ust 31, 2025.)	
Please enter your nai	me or message as you wo	uld like it to appe	ar on the parti	cipant's Honour R	oll
-	v the amount of my gift on t ame to appear on the Tour o		onour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OF	PTIONS			
☐ Personal Cheque	Single payment in full only number on all cheques.	. Please make che	ques payable to	Tour de Cure. Incl	ude participant name and
☐ Credit card	Single or monthly payment immediately upon the prod				er. Payments commence
Card Number				CVV	Exp Visa Mastercard
Cardholder Name		Cardholde	r Signature		☐ Amex