



2025 DONATION FORM

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

WHO ARE YOU D		0040			Please mail this form or drop off with your donation to this address:	
James Drive	r	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOUR	TAX RECEIPT		You can also donate online at tourdecure ca	
					Each cheque must come	
First Name	Last Na	ame			with its own donation form. • All donations will be	
Company name (for Co	orporate donations only)				credited in Canadian dollars.	
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- 	
City	Provinc	ce	Postal Code		transferable.	
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations. 	
breakthroughs, la	o receive emails from the BC (test news and events, and fun-		about research		BC Cancer Foundation, please visit: bccancerfoundation.com	
_	nything you can give. Every do	•				
□ \$2,500	Ambassador	Payments Over 7				
□ \$1,500	Challenger	(monthly paymen	monthly paymen			
□ \$1,000	Champion	cannot extend be		-		
□ \$500	Catalyst	our mor oxion u bo	, 0.1.4 / 14 94 01 01 / 2	0 _ 0 . ,		
□ \$250	Supporter					
□ \$ Please enter your na	Custom ime or message as you would	I like it to appear on	the participant's	Honour Roll		
	w the amount of my gift on the				_	
-	name to appear on the Tour de		Not.			
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS				
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	lease make cheques p	payable to Tour de	e Cure. 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	☐ Visa☐ Mastercard☐ Amex	
Cardholder Name _		Cardholder Sign	ature			