



2025 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?	0007	Please mail this form or drop off with your donation to this address:	
Harj Deol Name		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 RECEIPT	You can also donate online at tourdecure.ca	
First Name	Last Na	ama	• Each cheque must come with its own donation form.	
Company name (for Corporate donations only)			 All donations will be credited in Canadian dollars. 	
Mailing Address	Provinc	ce 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	o receive emails from the BC C test news and events, and fund EVEL OF DONATION		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ (monthly payments must be \$25 or higher an cannot extend beyond August 31, 2025.)		
Please enter your na	me or message as you would	like it to appear on the participant's Honour	Roll	
□ I do not want my n	w the amount of my gift on the lame to appear on the Tour de C	Cure website.		
☐ Personal Cheque		ease make cheques payable to Tour de Cure. In	clude participant name and	
☐ Credit card	Single or monthly payments.	Your statement(s) will read Tour de Cure BC Car sing of this form by the donation office.	ncer. Payments commence	
Card Number		CVV	Exp	
Cardholder Name		Cardholder Signature		