



2025 DONATION FORM

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

WHO ARE YOU DO		2429				Please mail this form or drop off with your donation to this address:
Aidan Vaand	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT T	O APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name		Nama				Each cheque must come with its own donation form.
First Name		Name				All donations will be credited in Canadian
Company name (for Co	orporate donations only)					dollars.
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Prov	vince	Postal Co	ode		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 Bo test news and events, and fu			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
		alallas la alsa ass	li			
□ \$2,500 □ \$1,500	nything you can give. Every Ambassador Challenger	Payments	Over Time	payments of \$; <u> </u>	
□ \$1,000 □ \$500	Champion Catalyst		ayments must be end beyond Aug	e \$25 or highe		
□ \$250 □ \$	Supporter Custom					
	ame or message as you wou	uld like it to appo	ear on the parti	cipant's Hono	our Roll	
	w the amount of my gift on t name to appear on the Tour c		Honour Roll.			_
SELECT BETWEEN	I TWO EASY PAYMENT OF	PTIONS				
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make che	eques payable to	o Tour de Cure	. Include p	articipant 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	Ехр	☐ Visa ☐ Mastercard
Cardholder Name		Cardhold	er Signature			☐ Amex