



2025 DONATION FORM

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

WHO ARE YOU DO										mail this your do		
Kieran Walla	allace 2484 Participant number							BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1				
PLEASE PRINT CL	EARLY, AS YOU WI	SH IT TO A	PPEAR ON	YOUR TA	X REC	EIPT				n also do		
 First Name		Last Nam	ne .							n cheque its own		
Company name (for Co	prporate donations onl									onations lited in C ars.		
Mailing Address City		Province		Post	al Code	2			dedi (if yo non	onations uctible, to ou donat -refunda sferable.	ax receip e \$10 or	otable more),
Phone Number (mandatory for credit card payments)									 Ask your company if they provide matching gifts for donations. 			
☐ Yes, I would like to breakthroughs, lat CHOOSE YOUR LE We're grateful for an	test news and events	s, and fundr	aising initia	tives.		arch			please	cer Four visit: erfounda	-	m
 \$2,500 \$1,500 \$1,000 \$500 \$250 \$ 		assador enger apion yst orter	Payments (monthly p	Over Time	nthly pa	\$25 or	higher a					
Please enter your na	me or message as y	ou would li	ke it to app	ear on the	partici	pant's	Honou	r Roll				
☐ I prefer not to show ☐ I do not want my n	ame to appear on the	e Tour de Cเ	ure website.	Honour Roll	<u>.</u>				-			
☐ Personal Cheque	Single payment in for	-	ase make ch	eques payal	ole to T	Tour de	e Cure. Ir	nclude p	articipan	it name a	nd	
☐ Credit card	Single or monthly p	ayments. Yo						ncer. Pa	yments (commen	ce	
Card Number						CVV		Ехр			☐ Visa ☐ Mast ☐ Ame	
Cardholder Name			Cardholo	ler Signature	1							