



2025 DONATION FORM

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

WHO ARE YOU DO		2510			Please mail this form or drop off with your donation to this address:
Name	OCK .	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 RE	CEIPT	You can also donate online at tourdecure.ca
F. IN					• Each cheque must come with its own donation form.
First Name	La	st Name			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	Pr	ovince	Postal Co	de	transferable.
Phone Number (manda	atory for credit card payment	s)			 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the test news and events, and			earch	BC Cancer Foundation, please visit: bccancerfoundation.com
	ıything you can give. Ever	v dollar helps save	e more lives!		
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassado Challenger Champion Catalyst Supporter Custom	r Payments (Over Time monthly	payments of \$ e \$25 or higher ar ust 31, 2025.)	nd
Please enter your na	me or message as you we	ould like it to appe	ar on the parti	cipant's Honour	Roll
☐ I do not want my n	w the amount of my gift on ame to appear on the Tour	de Cure website.	onour Roll.		
☐ Personal Cheque	Single payment in full onl number on all cheques.	y. Please make che	ques payable to	Tour de Cure. In	nclude 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 Sisa Mastercard
Cardholder Name		Cardholde	er Signature		☐ Amex