



## 2025 DONATION FORM

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

WHO ARE YOU DONATING TO?					Please mail this form or drop off with your donation to this address:
William Char	1	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
First Name	Last Na	me			• Each cheque must come with its own donation form.
	prporate donations only)				<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address  City	Provinc	e Posta	ıl Code		<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.</li> </ul>
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, late	o receive emails from the BC Clest news and events, and fund	lraising initiatives.			BC Cancer Foundation, please visit: bccancerfoundation.com
<ul> <li>\$2,500</li> <li>\$1,500</li> <li>\$1,000</li> <li>\$500</li> <li>\$250</li> <li>\$</li> </ul>	Ambassador Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time	thly payments of st be \$25 or highe	er and	
Please enter your na	me or message as you would	like it to appear on the p	articipant's Hon	our Roll	
☐ I do not want my n	w the amount of my gift on the pame to appear on the Tour de C	Cure website.			-
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.				
☐ 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	☐ Mastercard
Cardholder Name		Cardholder Signature			