



2025 DONATION FORM

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

WHO ARE YOU DO			Please mail this form or drop off with your donation to this address:
Hugh McCal	2542 Participant number		BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	ARLY, AS YOU WISH IT TO APPEAR ON YOUR T	AX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Name		Each cheque must come with its own donation form.
	rporate donations only)		 All donations will be credited in Canadian dollars.
Mailing Address	Province Po	ostal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.
Phone Number (manda	tory for credit card payments)		 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	receive emails from the BC Cancer Foundation abo est news and events, and fundraising initiatives. VEL OF DONATION		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for ar □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$		ne nonthly payments of \$ must be \$25 or higher and	
Please enter your na	me or message as you would like it to appear on th	e participant's Honour Roll	
□ I do not want my n	the amount of my gift on the participant's Honour Rame to appear on the Tour de Cure website. TWO EASY PAYMENT OPTIONS Single payment in full only. Please make cheques paynumber on all cheques.		— 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	☐ Visa☐ Mastercard☐ Amex
Cardholder Name	Cardholder Signatu	ıre	