



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:	
TIMOTHY IP	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 YO	UR TAX REC	CEIPT		You can also donate online at tourdecure.ca	
First Name	Last N	ame				• Each cheque must come with its own donation form.	
Company name (for Corporate donations only)						 All donations will be credited in Canadian dollars. 	
Mailing Address City	Provin	ce	Postal Cod	le		 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- 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 BC (sest news and events, and fun	draising initiatives	i.	arch		BC Cancer Foundation, please visit: bccancerfoundation.com	
 \$2,500 \$1,500 \$1,000 \$500 \$250 \$ 	\$1,000 Challenger monthly payments of \$ \$1,000 Champion \$500 Catalyst Supporter monthly payments must be \$25 or higher and cannot extend beyond August 31, 2025.)				ner and		
Please enter your na	me or message as you would	d like it to appear	on the partic	ipant's Ho	nour Roll		
☐ I do not want my n	w the amount of my gift on the ame to appear on the Tour de	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 c immediately upon the processing of this form by the donation office.						Payments commence ☐ Visa	
Card Number				CVV	Exp		
Cardholder Name		Cardholder S	ignature				