



2025 DONATION FORM

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

WHO ARE YOU DONATIN	G TO?	2507	Please mail this form or drop off with your donation to this address:	
Matthew OBrien Name		Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLEARLY,	AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca	
First Name	Last Na	nma	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	Provinc	ce Postal Code	 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. 	
Email (to receive tax receipt by e ☐ Yes, I would like to receive breakthroughs, latest new CHOOSE YOUR LEVEL OF	e emails from the BC C s and events, and fund	Cancer Foundation about research draising initiatives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
We're grateful for anything y □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2025.)	_	
Please enter your name or m	nessage as you would	like it to appear on the participant's Honour Roll		
numbe	ASY PAYMENT OPTI Dayment in full only. Playment on all cheques.	ONS ease make cheques payable to Tour de Cure. Includ		
		Your statement(s) will read Tour de Cure BC Cancer. sing of this form by the donation office.	Payments commence	
Card Number		CVV	xp	
Cardholder Name		Cardholder Signature		