



## 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?  Emma Allan 26				Please mail this form or drop off with your donation to this address:	
Emma Allan	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
 First Name	Look N	la ma a			Each cheque must come     with its own donation form.
First Name  Last Name  Company name (for Corporate donations only)					All donations will be credited in Canadian dollars.
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Provin	ice	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC est news and events, and fun			earch	BC Cancer Foundation, please visit: bccancerfoundation.com
	ything you can give. Every do	ollar helps save	more lives!		
<ul> <li>\$2,500</li> <li>\$1,500</li> <li>\$1,000</li> <li>\$500</li> <li>\$250</li> <li>\$</li> </ul>	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (	Over Time monthly	payments of \$ _ e \$25 or higher an ust 31, 2025.)	d
Please enter your na	me or message as you would	d like it to appe	ar on the parti	cipant's Honour	Roll
	v the amount of my gift on the ame to appear on the Tour de	-	onour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P	lease make che	ques payable to	Tour de Cure. In	clude 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
Cardholder Name _		Cardholde	r Signature _		☐ Amex