



## 2025 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?					Please mail this form or dro off with your donation to the	
Cindy Hamilt	ton	2605				address:	13
Cindy Hamilt	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 tourdecure.ca	at
First Name	La	st Name				<ul> <li>Each cheque must com with its own donation for</li> </ul>	
						<ul> <li>All donations will be credited in Canadian</li> </ul>	
Company name (for Co	orporate donations only)					dollars.	
Mailing Address						<ul> <li>All donations are 100% t deductible, tax receiptal (if you donate \$10 or monon-refundable and non-refundable)</li> </ul>	ole ore),
City	Pro	ovince	Postal Co	de		transferable.	
Phone Number (mandatory for credit card payments)						<ul> <li>Ask your company if the provide matching gifts for donations.</li> </ul>	
,	ceipt by email)  o receive emails from the Etest news and events, and			earch		For more information abou BC Cancer Foundation, please visit: bccancerfoundation.com	t
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	nything you can give. Ever	y dollar helps save	more lives!				
□ \$2,500	Ambassado	r Payments C	Over Time				
☐ \$1,500	Challenger	,		payments c		_	
□ \$1,000	Champion		yments must be nd beyond Aug				
□ \$500	Catalyst	Carinot exter	la beyona Aug	ust 51, 2025	).)		
□ \$250 □ \$	Supporter Custom						
	ime or message as you wo	ould like it to appe	ar on the parti	cipant's Ho	nour Roll	l	
	w the amount of my gift on name to appear on the Tour		onour Roll.				
SELECT BETWEEN	I TWO EASY PAYMENT C	PTIONS					
☐ Personal Cheque	Single payment in full only number on all cheques.	y. Please make che	ques payable to	Tour de Cu	ure. Includ	e 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	E	□ Visa □ Mastero □ Amex	ard
Cardholder Name _		Cardholde	r Signature _				