



## 2025 DONATION FORM

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

	E YOU DONATING TO?				Please mail this form or drop off with your donation to this address:
Bici Name	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
E M					Each cheque must come     with its own donation form.
First Name  Company name (for Co	nny name (for Corporate donations only)				All donations will be credited in Canadian
	rporate domations only)				dollars.  • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more),
City	Provinc	се	Postal Co	de	— non-refundable and non- transferable.
Phone Number (manda	tory for credit card payments)				<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email)  o receive emails from the BC ( est news and events, and fun			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
_	EVEL OF DONATION	diaising initiati	vcs.		
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!		
□ \$2,500	Ambassador	Payments (			
□ <b>\$1,500</b>	Challenger	(monthly na		payments of \$    . e \$25 or higher ar	
□ \$1,000	Champion		nd beyond Aug		id
□ \$500	Catalyst				
□ \$250 □ \$	Supporter Custom				
Please enter your na	me or message as you would	l 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	I		
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	lease make che	ques payable to	Tour de Cure. Ir	oclude 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
Cardholder Name _		Cardholde	er Signature _		