



## 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 drop off with your donation to this
Mariaa Dirla	2022				address:	
Marisa Dirk 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 Y	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
 First Name	Last Na	ame				Each cheque must come     with its own donation form
Tilservanie	2430 110					All donations will be
Company name (for Co	orporate donations only)					— 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	Province	се	Postal Co	ode		transferable.
Phone Number (mandatory 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
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	ything you can give. Every do	ollar helps save	more lives!			
□ \$2,500	Ambassador	Payments O				
□ \$1,500	Challenger			payments	of \$	
□ \$1,000	Champion		ments must b			d
□ \$500	Catalyst	cannot exter	nd beyond Aug	ust 31, 202	25.)	
□ \$250	Supporter					
□\$	Custom					
Please enter your na	me or message as you would	l like it to appea	r on the parti	cipant's H	lonour R	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. Pl number on all cheques.	lease make chec	jues payable to	o Tour de (	Cure. Incl	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 ☐ Visa ☐ Mastercard
Cardholder Name _		Cardholder	· Signature .			