



## 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	
Cimron Dhoo		2654				address:	
Simran Dhao	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH I	T TO APPEAR (	ON YOUR TAX RI	ECEIPT		You can also donate online a tourdecure.ca	:
First Name		ast Name				Each cheque must come with its own donation form	n.
Company name (for Co	orporate donations only)					<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>	
Mailing Address						<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or mornon-refundable and non-refundable and non-refundable</li></ul>	غ خ
City	F	Province	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>	
Email (to receive tax rec	ceipt by email)	a BC Cancer Fou	indation about re	search		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
,	test news and events, an			search			
CHOOSE VOUR LE	EVEL OF DONATION						
CHOOSE TOOK LE	EVEL OF DONATION						
We're grateful for an	ything you can give. Eve	ery dollar helps	save more lives!				
□ \$2,500	Ambassad	lor <b>Payme</b> ı	nts Over Time				
□ \$1,500	Challenge	er , <del></del>		payments o		_	
☐ \$1,000	Champior		y payments must be extend beyond Aug				
□ \$500	Catalyst	Carinot	exteria beyona Auç	just 51, 2025	.)		
□ \$250 □ ·	Supporter						
□\$	Custom						
Please enter your na	ime or message as you v	would like it to a	ppear on the part	icipant's Ho	nour Roll	l	
☐ I profer not to show	w the amount of my gift o	n the participant	t's Honour Poll				
	w the amount of my gift on the Tolerann to appear on the Tolerann						
SELECT BETWEEN	I TWO EASY PAYMENT	OPTIONS					
☐ Personal Cheque	Single payment in full o number on all cheques.	nly. Please make	cheques payable t	o Tour de Cu	ıre. Includ	de participant name and	
☐ Credit card	Single or monthly paym immediately upon the p				C Cancer.	-	
Card Number				CVV	E	□ Visa □ Mastercar □ Amex	d
Cardholder Name _		Cardh	older Signature				