



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?							nis form or drop	
A so almo a Fall	2600						off with your donation to this address:		
Andrea Fell Name		2688 Participant number					BC Cancer Foundation 150-686 W. Broadway		
							ancouver, B		
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT			ou can also ourdecure.ca	donate online at	
First Name	Last N	ame				•		que must come vn donation form.	
Tilservallie	Edserv	diffe				•	All donation	ons will be	
Company name (for Co	prporate donations only)						credited ir dollars.	n Canadian	
Mailing Address						•	deductible (if you dor	ons are 100% tax e, tax receiptable nate \$10 or more),	
City	Provin	ice	Postal Co	ode			transferab		
Phone Number (mandatory for credit card payments)						_ •	 Ask your company if they provide matching gifts for donations. 		
Email (to receive tax rec	ceipt by email) o receive emails from the BC	Canaar Faunda	ian abaut ras	o o v o lo		B(pl	C Cancer Follease visit:	ormation about oundation, ndation.com	
,	est news and events, and fun			earcn					
CHOOSE YOUR LE	EVEL OF DONATION								
We're grateful for an	ything you can give. Every d	ollar helps save	more lives!						
□ \$2,500	Ambassador	Payments O	ver Time						
□ \$1,500	Challenger		monthly	payment	s of \$				
□ \$1,000	Champion		ments must b			d			
□ \$500	Catalyst	cannot exter	id beyond Aug	ust 31, 20)25.)				
□ \$250	Supporter								
□ \$	Custom								
Please enter your na	me or message as you would	d like it to appea	r on the part	cipant's	Honour R	Roll			
☐ I prefer not to show	v the amount of my gift on the	e participant's Ho	nour Roll.						
	ame to appear on the Tour de	-							
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS							
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make chec	ues payable to	o Tour de	Cure. Inc	lude part	icipant nam	e 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		Ехр		☐ Visa☐ Mastercard☐ Amov	
Cardholder Name _		Cardholder	Signature .					□ Amex	