



## 2025 DONATION FORM

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

WHO ARE YOU DO		0700			Please mail this form or drop off with your donation to this address:
Emily Bridge		Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	OUR TAX REC	CEIPT	You can also donate online at tourdecure.ca
					Each cheque must come
First Name	Last N	ame			<ul><li>with its own donation form.</li><li>All donations will be</li></ul>
Company name (for Corporate donations only)					<ul><li>credited in Canadian dollars.</li></ul>
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	Provin	ce	Postal Cod	le	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	o receive emails from the BC test news and events, and fun			arch	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 d	ollar helps save r	nore lives!		
□ \$2,500	Ambassador	Payments Ov	er Time		
□ <b>\$1,500</b>	Challenger			payments of \$ _	
□ <b>\$1,000</b>	Champion			\$25 or higher and	İ
□ \$500	Catalyst	cannot extend	a beyona Augi	IST 31, 2025.)	
□ \$250	Supporter				
□\$	Custom				
Please enter your na	me or message as you would	d like it to appear	on the partic	ipant's Honour F	Roll
-	w the amount of my gift on the ame to appear on the Tour de		nour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make chequ	ues payable to	Tour de Cure. Inc	lude 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
Cardholder Name _		Cardholder	Signature _		