



2025 DONATION FORM

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

WHO ARE YOU DO		2748				this form or drop or donation to this		
Shaun Brom Name	iey	Participant number			BC Cancer 150-686 W. Vancouver,			
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT		o donate online at		
F. IN						eque must come own donation form.		
First Name Last Name Company name (for Corporate donations only)					All dona credited	All donations will be credited in Canadian		
	Aportice domations only)				dollars. • All dona	tions are 100% tax		
Mailing Address					(if you d	ole, tax receiptable onate \$10 or more),		
City	Provii	nce	Postal Co	de	transfera	undable and non- able.		
Phone Number (manda	atory for credit card payments)					r company if they matching gifts for ns.		
	ceipt by email) o receive emails from the BC test news and events, and fur			earch	BC Cancer please visit:	oformation about Foundation, : undation.com		
CHOOSE YOUR LE	EVEL OF DONATION							
We're grateful for an	nything you can give. Every d	Iollar helps save	more lives!					
□ \$2,500	Ambassador	Payments O						
☐ \$1,500	Challenger			payments of \$				
□ \$1,000	Champion			\$25 or higher	and			
□ \$500	Catalyst	cannot exten	d beyond Augi	JSL 31, 2025.)				
□ \$250	Supporter							
□ \$	Custom							
Please enter your na	ime or message as you woul	d like it to appea	r on the parti	cipant's Honou	ır Roll			
-	w the amount of my gift on the		nour Roll.					
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS						
☐ Personal Cheque	Single payment in full only. Finumber on all cheques.	Please make cheq	ues payable to	Tour de Cure.	Include participant na	me 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 ☐ Amex		
Cardholder Name _		Cardholder	Signature _			_ :•		