



2025 DONATION FORM

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

| WHO ARE YOU DO | | 2752 | | Please mail this form or drop off with your donation to this address: |
|---|--|-------------------------------|---------------------------|--|
| lan Dunsmui | <u>r</u> | 2753 Participant number | | BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1 |
| PLEASE PRINT CL | EARLY, AS YOU WISH IT TO | APPEAR ON YOUR TAX | RECEIPT | You can also donate online at tourdecure.ca |
| | | | | Each cheque must come with its own donation form. |
| First Name | Last Na | ame | | All donations will be credited in Canadian |
| Company name (for Co | orporate donations only) | | | dollars. |
| Mailing Address | | | | All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- |
| City | Provinc | ce Postal | Code | transferable. |
| Phone Number (mandatory for credit card payments) | | | | Ask your company if they provide matching gifts for donations. |
| | ceipt by email) o receive emails from the BC (est news and events, and fund | | research | 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 Over Time | | |
| □ \$1,500 | Challenger | mont (monthly payments mus | hly payments of \$ | _ |
| ☐ \$1,000 | Champion | cannot extend beyond A | | |
| □ \$500 □ \$250 | Catalyst | • | | |
| □ \$ | Supporter Custom | | | |
| Please enter your na | me or message as you would | l like it to appear on the pa | articipant's Honour Roll | l |
| - | w the amount of my gift on the ame to appear on the Tour de | | | |
| SELECT BETWEEN | TWO EASY PAYMENT OPT | IONS | | |
| ☐ Personal Cheque | Single payment in full only. Pl number on all cheques. | ease make cheques payabl | e to Tour de Cure. Includ | le 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 | □ Visa □ Mastercard □ Amex |
| Cardholder Name _ | | Cardholder Signature | | |