



## 2025 DONATION FORM

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

WHO ARE YOU DONATIN						Please mail this form or drop off with your donation to this address:	
Terynn Lawrie		Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLEARLY, A	AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	ECEIPT		You can also donate online at tourdecure.ca	
First Name	Last Na					Each cheque must come     with its own donation form.	
-irst narrie	LdSt IN	All donations will be					
Company name (for Corporate o	lonations 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),</li> </ul>	
City	Provinc	се	Postal Co	ode		<ul> <li>non-refundable and non- transferable.</li> </ul>	
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 receipt by e Yes, I would like to receive breakthroughs, latest news	emails from the BC (			search		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LEVEL OF	DONATION						
We're grateful for anything y	ou can give. Every do	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments (	Over Time				
□ \$1,500	Challenger		monthly	payments			
□ \$1,000	Champion		yments must b				
□ \$500	Catalyst	cannot exte	nd beyond Aug	gust 31, 202	25.)		
□ \$250	Supporter						
□ \$	Custom						
Please enter your name or m	essage as you would	l like it to appe	ar on the part	icipant's H	lonour Ro	u	
□ I prefer not to show the am □ I do not want my name to a		-	onour Roll.				
SELECT BETWEEN TWO E	ASY PAYMENT OPT	IONS					
•	payment in full only. Pl r on all cheques.	lease make che	ques payable t	o Tour de (	Cure. Inclu	de participant name and	
_	or monthly payments. Tately upon the proces				BC Cance	er. Payments commence	
Card Number				CVV		Exp Visa Mastercard	
Cardholder Name		Cardholde	er Signature			☐ Amex	