



2025 DONATION FORM

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

WHO ARE YOU DONATING	G TO?				Please mail this form or drop off with your donation to this
Peter Pavlovich		2794			address:
Name		Participa	nt number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLEARLY, A	S YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT	You can also donate online a tourdecure.ca
First Name	Last Na	ame			• Each cheque must come with its own donation for
		arric			All donations will be credited in Canadian
Company name (for Corporate d	onations only)				dollars.
Mailing Address					All donations are 100% tax deductible, tax receiptable (if you donate \$10 or mor
City	Provinc	се	Postal Co	ode	transferable.
Phone Number (mandatory for ci	redit card payments)				 Ask your company if they provide matching gifts for donations.
Email (to receive tax receipt by er	nail)				For more information about BC Cancer Foundation,
☐ Yes, I would like to receive breakthroughs, latest news				earch	please visit: bccancerfoundation.com
CHOOSE YOUR LEVEL OF	DONATION				
We're grateful for anything yo	ou can give. Every do	ollar helps sav	e more lives!		
□ \$2,500	Ambassador	-	Over Time		
□ \$1,500 □ \$1,500	Challenger			payments of \$	<u> </u>
□ \$1,000	Champion		ayments must b		r and
□ \$500	Catalyst	cannot ext	end beyond Aug	ust 31, 2025.)	
□ \$250	Supporter				
□\$	Custom				
Please enter your name or m	essage as you would	d like it to app	ear on the part	cipant's Hono	our Roll
☐ I prefer not to show the amo	ount of my gift on the	participant's l	Honour Roll.		
☐ I do not want my name to a					
SELECT BETWEEN TWO E	ASY PAYMENT OPT	IONS			
	ayment in full only. Pl on all cheques.	lease make ch	eques payable t	o Tour de Cure.	. Include participant name and
_	r monthly payments. ately upon the proces				Cancer. Payments commence
Card Number				CVV	☐ Visa ☐ Mastercal
		Candleal	or Cianatura		☐ Amex
Cardholder Name		Cardnold	er Signature .		