



2025 DONATION FORM

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

Steve Crocke		2880				Please mail this form or drop off with your donation to this address:
Name	<u> </u>	Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name	Last N	Jane e				Each cheque must come with its own donation form.
		varne				All donations will be credited in Canadian
Company name (for Co	orporate donations only)					dollars.All donations are 100% tax
Mailing Address						deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	nce	Postal Co	de		transferable.
Phone Number (manda	atory for credit card payments)					 Ask your company if they provide matching gifts for donations.
,	ceipt by email) o receive emails from the BC test news and events, and fur			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.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 C	ver Time			
□ \$1,500	Challenger	/		payments of		
□ \$1,000	Champion		ments must be ad beyond Aug			
□ \$500 -	Catalyst	edililot exter	ia beyona nag	ust 01, 2020.,		
□ \$250 □ \$	Supporter Custom					
	ame or message as you woul	d like it to appea	er on the parti	cipant's Hon	our Roll	
☐ I do not want my n	w the amount of my gift on the	e Cure website.	onour Roll.			-
SELECT BETWEEN	N TWO EASY PAYMENT OP	TIONS				
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.					
☐ 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
Cardholder Name _		Cardholde	Signature			☐ Amex