



## 2025 DONATION FORM

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

WHO ARE YOU D		2888				Please mail this form or drop off with your donation to this address:
Name		Participant number				
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT		Vancouver, BC V5Z 1G1 You can also donate online at tourdecure.ca
First Name	Last N	lama				Each cheque must come with its own donation forr
FIRST Name	Last IV	iame				All donations will be credited in Canadian
Company name (for Co	orporate donations only)					dollars.
Mailing Address						<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more non-refundable and non-</li> </ul>
City	Provin	nce	Postal Co	de		transferable.
Phone Number (mand	atory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	ceipt by email)  o receive emails from the BC test news and events, and fun			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR L	EVEL OF DONATION					
We're grateful for ar	nything you can give. Every do	ollar helps save	more lives!			
□ \$2,500	Ambassador	Payments O	ver Time			
□ \$1,500	Challenger			payments of		
□ \$1,000	Champion		ments must be			
□ \$500	Catalyst	cannot exter	d beyond Aug	ust 31, 2025.)		
□ \$250	Supporter					
□ \$	Custom					
Please enter your na	ame or message as you would	d like it to appea	r on the parti	cipant's Hor	nour Roll	
•	w the amount of my gift on the name to appear on the Tour de		nour Roll.			_
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS				
☐ Personal Cheque	Single payment in full only. P number on all cheques.	Please make chec	ues payable to	Tour de Cur	e. Include p	participant name and
☐ Credit card	Single or monthly payments. immediately upon the process				C Cancer. Pa	
Card Number				CVV	Ехр	
Cardholder Name		Cardholder	Signature			☐ Amex