



2025 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?						e mail this form or drop ith your donation to this
hardoon orin		2893				addre	=
hardeep orin	Participant number				150-6	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			can also donate online at lecure.ca
First Name	Last N						ach cheque must come ith its own donation form.
							l donations will be edited in Canadian
Company name (for Co	orporate donations only)						ollars.
Mailing Address						d∈ (if	l donations are 100% tax eductible, tax receiptable you donate \$10 or more) on-refundable and non-
City	Provir	nce	Postal Co	de			ansferable.
Phone Number (manda	atory for credit card payments)					pr	sk your company if they rovide matching gifts for ponations.
,	ceipt by email) o receive emails from the BC test news and events, and fur			earch		BC Ca pleas	nore information about ancer Foundation, e visit: ncerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION	_					
	nything you can give. Every d	Iollar helps save	more lives!				
□ \$2,500	Ambassador	Payments C					
□ \$1,500	Challenger			payments			
□ \$1,000	Champion		ments must b				
□ \$500	Catalyst	cannot exter	nd beyond Aug	ust 31, 202	25.)		
□ \$250	Supporter						
□\$	Custom						
Please enter your na	ime or message as you woul	d like it to appe	ar on the parti	cipant's H	lonour R	oll	
	w the amount of my gift on the		onour Roll.				
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS					
☐ Personal Cheque	Single payment in full only. F	Please make chec	ques payable to	Tour de (Cure. Incl	ude particip	ant 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		Ехр	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholde	r Signature .				_