



2025 DONATION FORM

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

WHO ARE YOU DONATING TO?					Please mail this form or drop off with your donation to this address:
Carrie Bradle	} y	2926 Participant number		BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOUR T	AX RECEIPT		You can also donate online at tourdecure.ca
 First Name	Last N	ame			Each cheque must come with its own donation form.
Company name (for Corporate donations only)					 All donations will be credited in Canadian dollars.
Mailing Address City	Provin	ce Po	ostal Code		 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC test news and events, and fur EVEL OF DONATION Bything you can give. Every d	draising initiatives.			BC Cancer Foundation, please visit: bccancerfoundation.com
<pre>\$2,500 \$1,500 \$1,000 \$500 \$250</pre>	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Tir	ne nonthly paymen must be \$25 or	higher and	_
Please enter your na	me or message as you would	d like it to appear on th	e participant's	Honour Rol	1
☐ I do not want my n	w the amount of my gift on the name to appear on the Tour de	Cure website.	oll.		
☐ Personal Cheque	Single payment in full only. P	lease make cheques pa	yable to Tour de	e Cure. Includ	de participant 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		Exp □ Visa □ Mastercard □ Amex
Cardholder Name		Cardholder Signati	ıre		