

PRESENTED BY V

WHEATON[®]

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?

Daniel Simpson

Name

Participant number

2960

PLEASE PRINT CLEARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RECEIPT

First Name	Last Name	Last Name				
Company name (for Corpora	te donations only)					
Mailing Address						
City	Province	Postal Code				
Phone Number (mandatory f	or credit card payments)					
Email (to receive tax receipt b	oy email)					
□ Yes. I would like to rece	ive emails from the BC Cancer Fou	ndation about research				

breakthroughs, latest news and events, and fundraising initiatives.

CHOOSE YOUR LEVEL OF DONATION

We're grateful for anything you can give. Every dollar helps save more lives!

□ \$2,500 □ \$1,500 □ \$1,000 **□ \$500** □ \$250 Supporter □\$ Custom

Ambassador Challenger Champion Catalyst

Payments Over Time monthly payments of \$

(monthly payments must be \$25 or higher and
cannot extend beyond August 31, 2025.)

Please mail this form or drop off with your donation to this address:

BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1

You can also donate online at tourdecure.ca

- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars.
- All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and nontransferable.
- Ask your company if they provide matching gifts for donations.

For more information about **BC** Cancer Foundation. please visit: bccancerfoundation.com

Please enter your name or message as you would like it to appear on the participant's Honour Roll

□ I prefer not to show the amount of my gift on the participant's Honour Roll. □ I do not want my name to appear on the Tour de Cure website.

SELECT BETWEEN TWO EASY PAYMENT OPTIONS

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	Exp	☐ Mastercard ☐ Amex
Cardholder Name	Cardholder Signature			