



2025 DONATION FORM

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

| WHO ARE YOU DO | | | 0067 | | | | | | | e mail th th your o ss: | | | |
|---|--|--|---------------------------------|------------------|--------------------------|---------|-------|--|-----------------|--|-------------------------------|--------------------|----------------|
| Felix Lairet S | antana | Participant number | | | | | | BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1 | | | | | |
| PLEASE PRINT CLE | ARLY, AS YOU WIS | SH IT TO AP | PEAR ON | YOUR TA | X REC | EIPT | | | | an also d ecure.ca | | e online | e at |
| First Name | | Last Name | <u> </u> | | | | | | | ch cheq th its ow | | | |
| Company name (for Coi | rporate donations only | | | | | | | | cre | donatio edited in ollars. | | | |
| Mailing Address | | Province | | Post | tal Code | e | | | de (if nc | donation ductible you don on-refundansferabl | e, tax r nate \$1 dable | eceipta 10 or m | able nore), |
| Phone Number (mandatory for credit card payments) | | | | | | | | Ask your company if they provide matching gifts for donations. | | | | | |
| CHOOSE YOUR LE | receive emails from est news and events, VEL OF DONATION | , and fundra | ising initiat | ives. | | arch | | | BC Ca please | ore info ancer Fo e visit: ncerfour | unda | tion, | |
| We're grateful for any □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$ | ything you can give. Ambas Challe Cham Cataly Suppo Custor | ssador Inger pion st orter | Payments (monthly pocannot exte | Over Time mol | : nthly p ust be : | \$25 or | | and | | | | | |
| Please enter your nar | ne or message as yo | ou would lik | e it to appo | ear on the | partici | ipant's | Honou | r Roll | | | | | |
| ☐ I prefer not to show☐ I do not want my na | ame to appear on the | Tour de Cur | re website. | • | | | | | _ | | | | |
| ☐ Personal Cheque | Single payment in funumber on all chequ | ues. | | | | | | | | | | | |
| ☐ Credit card | Single or monthly pa immediately upon th | - | | | | | | ancer. P | ayment | s comme | | Visa | |
| Card Number | | | | | | CVV | | Exp | | | | Master Amex | card |
| Cardholder Name | | | Cardhold | er Signature | 2 | | | | | | _ | | |