



## 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:	
Joanna Clarl	<u> </u>	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	OUR TAX REC	CEIPT	You can also donate online at tourdecure.ca
					Each cheque must come     with its own donation form.
First Name	Last N	ame			All donations will be
Company name (for Co	orporate donations only)				<ul><li>credited in Canadian dollars.</li></ul>
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more),</li> </ul>
City	Provin	ice	Postal Cod	le	<ul> <li>non-refundable and non- transferable.</li> </ul>
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the BC test news and events, and fun			arch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
_	nything you can give. Every do				
□ \$2,500 -	Ambassador	Payments Ov			
□ \$1,500	Challenger	/ (co. o. o. t. la la o. o		payments of \$	<del></del>
☐ \$1,000	Champion	cannot extend		\$25 or higher and	
□ \$500	Catalyst	Carinot exterio	i beyond Augu	3( 31, 2023.)	
□ <b>\$250</b>	Supporter				
□ <b>\$</b>	Custom				
Please enter your na	me or message as you would	d like it to appear	on the partic	ipant's Honour R	oll
-	w the amount of my gift on the name to appear on the Tour de		nour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make chequ	es payable to	Tour de Cure. Incl	ude 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
Cardholder Name _		Cardholder S	Signature _		