



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

Jackson Doyle

Name \_\_\_\_\_

2972

Participant number

## First Name

Last Name

Company name (for Corporate donations only)

Mailing Address

City

Province

Postal Code

Phone Number (mandatory for credit card payments)

Email (to receive tax receipt by email)

- ☐ Yes, I would like to receive emails from the BC Cancer Foundation about research breakthroughs, latest news and events, and fundraising initiatives.

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

- ☐ \$2,500
- ☐ \$1,500
- ☐ \$1,000
- ☐ \$500
- ☐ \$250
- ☐ \$

Ambassador  
Challenger  
Champion  
Catalyst  
Supporter  
Custom

## Payments Over Time

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

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.

☐ **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

- ☐ Visa  
☐ Mastercard  
☐ Amex

Cardholder Name

Cardholder Signature