



2025 DONATION FORM

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

WHO ARE YOU DO		2972			Please mail this form or drop off with your donation to this address:
Jackson Doy	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT	TO APPEAR ON Y	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
E M					Each cheque must come with its own donation form.
First Name Last Name Company name (for Corporate donations only)					All donations will be credited in Canadian
					dollars. • All donations are 100% tax
Mailing Address					deductible, tax receiptable (if you donate \$10 or more), — non-refundable and non-
City	Pro	vince	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
	ceipt by email) o receive emails from the Etest news and events, and f			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
_	nything you can give. Every	•			
□ \$2,500	Ambassador	Payments C			
☐ \$1,500	Challenger	/		payments of \$ _	
☐ \$1,000	Champion			\$25 or higher and	1
□ \$500	Catalyst	cannot exter	ıd beyond Augı	JSt 31, 2025.)	
□ \$250	Supporter				
□ \$	Custom				
Please enter your na	ime or message as you wo	uld like it to appea	er on the parti	cipant's Honour F	Roll
-	w the amount of my gift on name to appear on the Tour		onour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT O	PTIONS			
☐ Personal Cheque	Single payment in full only number on all cheques.	/. Please make chec	jues payable to	Tour de Cure. Inc	clude 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 _		Cardholdei	· Signature _		