



## 2025 DONATION FORM

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

WHO ARE YOU DO		2992				Please mail this form or drop off with your donation to this address:
Name	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT T	O APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name	Look	Name				Each cheque must come with its own donation form.
First Name		Name				All donations will be credited in Canadian
Company name (for Co	orporate donations only)					dollars.
Mailing Address						<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Prov	vince	Postal Co	de		transferable.
Phone Number (manda	atory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
,	ceipt by email) o receive emails from the Bo test news and events, and fo			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	nything you can give. Every	dollar helps save	more lives!			
□ \$2,500	Ambassador	Payments C	Over Time			
□ <b>\$1,500</b>	Challenger	,———		payments of \$		
☐ \$1,000	Champion		yments must be nd beyond Aug		and	
□ \$500	Catalyst	Carmot exter	ia beyona Aug	ust 31, 2023.)		
□ \$250	Supporter					
□\$	Custom					
Please enter your na	ame or message as you wou	ıld like it to appe	ar on the parti	cipant's Hono	ur Roll	
	w the amount of my gift on t name to appear on the Tour c		onour Roll.			-
SELECT BETWEEN	I TWO EASY PAYMENT OF	PTIONS				
☐ Personal Cheque	Single payment in full only.	Please make che	ques payable to	Tour de Cure.	Include p	articipant 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	Ехр	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholde	r Signature _			