



## 2025 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?							s form or drop Ionation to this	
Declan O&'B	Prioin	2994					ldress:	ionadon to tino	
Name	onam	Participant number				15	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT			ou can also d urdecure.ca	onate online at	
 First Name	Last N	Jame				•		ue must come n donation form.	
Thistrame	Edst	varrie				•	All donation		
Company name (for Co	orporate donations only)						credited in dollars.	Canadian	
Mailing Address						_    •	deductible, (if you don	ns are 100% tax tax receiptable ate \$10 or more), dable and non-	
City	Provir	nce	Postal Co	de			transferable		
Phone Number (mandatory 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 BC test news and events, and fur			earch		B( pl	or more infol C Cancer For ease visit: ccancerfoun		
CHOOSE YOUR LE	EVEL OF DONATION								
We're grateful for an	nything you can give. Every d	Iollar helps save	more lives!						
□ \$2,500	Ambassador	Payments O	ver Time						
□ \$1,500	Challenger		monthly						
□ \$1,000	Champion		ments must be						
□ \$500	Catalyst	Cannot exten	d beyond Aug	ust 31, 20	25.)				
□ <b>\$250</b>	Supporter								
□ \$	Custom								
Please enter your na	ame or message as you woul	d like it to appea	r on the parti	cipant's l	Honour R	Roll			
	w the amount of my gift on the		nour Roll.						
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS							
☐ Personal Cheque	Single payment in full only. F	Please make cheq	ues payable to	Tour de	Cure. Incl	lude part	icipant 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 _		Cardholder	Signature _						