2025 **DONATION FORM**

PRESENTED BY

WHEATON PRECIOUS METALS

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

WHO ARE YOU DONATING TO?

Zane Christensen   3027

Name   Participant number

PLEASE PRINT CLEARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RECEIPT

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.

Please mail this form or drop off with your donation to this address:

BC Cancer Foundation
150-686 W. Broadway
Vancouver, BC V5Z 1G1

You can also donate online at tourdecure.ca

- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars.
- All donations are 100% tax deductible, tax receiptable (if you donate $10 or more), non-refundable and non-transferable.
- Ask your company if they provide matching gifts for donations.

For more information about BC Cancer Foundation, please visit:
bccancerfoundation.com

CHOOSE YOUR LEVEL OF DONATION

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

☐ **$2,500**   Ambassador
☐ **$1,500**   Challenger
☐ **$1,000**   Champion
☐ **$500**   Catalyst
☐ **$250**   Supporter
☐ **$** _____ 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.

SELECT BETWEEN TWO EASY PAYMENT OPTIONS

☐ **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 _____

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