



## 2025 DONATION FORM

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

WHO ARE YOU DONATING TO?								Please mail this form or drop off with your donation to this address:		
Torsten Niels	n Nielsen 3040  Participant number							BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YO	U WISH IT TO	APPEAR ON	I YOUR TAX	RECEIPT			You can also donate online a tourdecure.ca	t	
First Name		Last Na	ame					Each cheque must come with its own donation for	m.	
Company name (for Corporate donations only)								<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>		
Mailing Address  City		Provinc	ce	Postal	Code			<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or mor non-refundable and non- transferable.</li> </ul>	e e),	
Phone Number (mandatory for credit card payments)								<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>		
☐ Yes, I would like to breakthroughs, lat	test news and	events, and fund	draising initia	tives.				BC Cancer Foundation, please visit: bccancerfoundation.com		
We're grateful for an  □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	iytning you ca	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly p	Over Time	hly payme t be \$25 c	r higher and	d			
Please enter your na	ame or messag	je as you would	l like it to app	pear on the pa	articipant	's Honour I	Roll			
☐ I prefer not to show ☐ I do not want my n	name to appear	on the Tour de	Cure website.					-		
☐ Personal Cheque	number on al	l cheques.						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		Exp	☐ Mastercal	ď	
Cardholder Name			Cardhol	der Signature						