



## 2025 DONATION FORM

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

WHO ARE YOU DO		0045		Please mail this form or drop off with your donation to this address:
Lachlan Elliot	İ.	3045  Participant number		BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEA	ARLY, AS YOU WISH IT TO	APPEAR ON YOUR TA	AX RECEIPT	You can also donate online at tourdecure.ca
				Each cheque must come
First Name	Last Na	ame		<ul><li>with its own donation form.</li><li>All donations will be</li></ul>
Company name (for Corporate donations only)				credited in Canadian 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	Provinc	ce Po	stal Code	transferable.
Phone Number (mandato	ory for credit card payments)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, late		draising initiatives.		BC Cancer Foundation, please visit: bccancerfoundation.com
	thing you can give. Every do	•		
□ \$2,500 	Ambassador	Payments Over Tim		
<b>□ \$1,500</b>	Challenger		onthly payments of \$ nust be \$25 or higher	
<b>□ \$1,000</b>	Champion	cannot extend beyon	•	ariu
□ \$500	Catalyst	earmot exteria beyon	a //agast 51, 2025.)	
□ \$250	Supporter			
□\$	Custom			
Please enter your nam	ne or message as you would	like it to appear on the	e participant's Honou	ır Roll
☐ I do not want my na	the amount of my gift on the me to appear on the Tour de o	Cure website.	แ.	
	Single payment in full only. Pl number on all cheques.	ease make cheques pay	able to Tour de Cure.	Include participant name and
	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
Cardholder Name		Cardholder Signatui	re	