



## 2025 DONATION FORM

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

WHO ARE YOU DO		3062				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	TO APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name		at Niama				Each cheque must come with its own donation form.
First Name		st 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	Pr	ovince	Postal Co	ode		transferable.
Phone Number (mandatory for credit card payments)						<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the test news and events, and			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	ything you can give. Ever	y dollar helps sav	e more lives!			
□ \$2,500	Ambassado	r Payments	Over Time			
□ <b>\$1,500</b>	Challenger	( t l= l · · · ·-		payments of \$		
□ \$1,000 -	Champion		ayments must be end beyond Aug		ariu	
□ \$500	Catalyst		, ,			
□ \$250 □ \$	Supporter Custom					
Please enter your na	me or message as you w	ould like it to app	ear on the parti	cipant's Honoi	ur Roll	
☐ I do not want my n	w the amount of my gift or ame to appear on the Toul	de Cure website.	Honour Roll.			-
SELECT BETWEEN	TIWO EAST PATMENT	DPTIONS				
☐ 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	Ехр	☐ Visa☐ Mastercard☐ Amex
Cardholder Name		Cardhold	er Signature			