



## 2025 DONATION FORM

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

WHO ARE YOU DONATI	NG TO?	2005	Please mail this form or drop off with your donation to this address:
Kendra Coleman		Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEARLY,	AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	me	Each cheque must come with its own donation form.
Company name (for Corporate donations only)			<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address City	Provinc	e Postal Code	<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.</li> </ul>
Phone Number (mandatory for credit card payments)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, latest nev	ve emails from the BC Covs and events, and fund		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for anything  □ \$2,500  □ \$1,500  □ \$1,000  □ \$500  □ \$250  □ \$	Ambassador Challenger Champion Catalyst 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 Rol	l
	appear on the Tour de C	Cure website.	le participant name and
		our statement(s) will read Tour de Cure BC Cancer of this form by the donation office.	. Payments commence ☐ Visa
Card Number		CVV	Exp
Cardholder Name		Cardholder Signature	