



2025 DONATION FORM

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

WHO ARE YOU DO		3091				nail this form or drop your donation to this :
Name	<u>aı</u>	Participant number				cer Foundation 6 W. Broadway ver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT T	O APPEAR ON Y	OUR TAX RE	CEIPT		also donate online at
First Name		Nama				n cheque must come its own donation form.
First Name		Name				onations will be ited in Canadian
Company name (for Co	orporate donations only)				dolla	
Mailing Address					dedı (if yo	onations are 100% tax uctible, tax receiptable ou donate \$10 or more), -refundable and non-
City	Prov	ince	Postal Co	de		sferable.
Phone Number (manda	atory for credit card payments)				prov	your company if they ide matching gifts for ations.
,	ceipt by email) o receive emails from the BC test news and events, and fu			earch	BC Can please v	re information about cer Foundation, visit: erfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	nything you can give. Every	dollar helps save	more lives!			
□ \$2,500	Ambassador	Payments C				
□ \$1,500	Challenger	/		payments of \$		
□ \$1,000	Champion		nd beyond Aug	e \$25 or higher a ust 31. 2025.)	riu	
□ \$500	Catalyst		, ,			
□ \$250 □ \$	Supporter Custom					
	ame or message as you wou	ıld like it to appea	ar on the parti	cipant's Honou	r Roll	
☐ I do not want my n	w the amount of my gift on th name to appear on the Tour d	e Cure website.	pnour Roll.			
SELECT BETWEEN	N TWO EASY PAYMENT OF	TIONS				
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make chec	ques payable to	Tour de Cure. I	nclude participan	t 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	☐ Visa ☐ Mastercard
Cardholder Name _		Cardholde	· Signature			□ Amex