



## 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?  David Oh 3148						Please mail this form or drop off with your donation to this address:
David Oh 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
Fig. 1.N.						Each cheque must come with its own donation form.
First Name  Last Name  Company name (for Corporate donations only)						All donations will be credited in Canadian dollars.
Mailing Address						All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	nce	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 BC test news and events, and fur EVEL OF DONATION	ndraising initiat	ives.	earch		please visit: bccancerfoundation.com
_	nything you can give. Every d					
<pre>□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250</pre>	Ambassador Challenger Champion Catalyst Supporter Custom					
Please enter your na	ime or message as you would	d like it to appe	ear on the part	icipant's Hond	our Roll	
•	w the amount of my gift on the name to appear on the Tour de		Ionour Roll.			_
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS				
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make che	eques payable t	o Tour de Cure	e. Include p	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	Ехр	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardhold	er Signature .			