



## 2025 DONATION FORM

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

WHO ARE YOU DO	Dawson 361					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	Look N	la ma a				Each cheque must come with its own donation form.
First Name	Last N	larrie				<ul> <li>All donations will be credited in Canadian</li> </ul>
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	Provin	nce	Postal Co	de		transferable.
Phone Number (manda	ntory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
,	ceipt by email) o receive emails from the BC test news and events, and fun			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. Every d	ollar helps save	more lives!			
□ \$2,500	Ambassador	Payments (	Over Time			
□ <b>\$1,500</b>	Challenger			payments o		
□ <b>\$1,000</b>	Champion		yments must be nd beyond Aug			
□ \$500 -	Catalyst	carriot exte	na beyona nag	d3( 31, L0L3	.,	
□ \$250 □ \$	Supporter Custom					
	me or message as you would	d like it to appe	ar on the parti	cipant's Ho	nour Roll	
☐ I do not want my n	w the amount of my gift on the ame to appear on the Tour de	Cure website.	onour Roll.			_
SELECT BETWEEN	TWO EAST PATMENT OF	ION2				
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make che	ques payable to	Tour de Cu	re. Include ¡	participant 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☐ Amex
Cardholder Name		Cardholde	er Signature			