



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?								Please mail this form or drop off with your donation to this address:		
Blake DeCra	Participant number							BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YOL	WISH IT TO	APPEAR ON	YOUR TAX F	RECEIPT			You can also donate online a tourdecure.ca	ţ	
 First Name		Last Na	me					Each cheque must come with its own donation form	n.	
Company name (for Corporate donations only)								 All donations will be credited in Canadian dollars. 		
Mailing Address City		Provinc	e	Postal(Code			 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or mor non-refundable and non- transferable. 	e e),	
Phone Number (mandatory for credit card payments)								 Ask your company if they provide matching gifts for donations. 		
☐ Yes, I would like to breakthroughs, lat	test news and e	vents, and fund	draising initiat	tives.				BC Cancer Foundation, please visit: bccancerfoundation.com		
We're grateful for an □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$		Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly p	Over Time	nly payme be \$25 o	r higher and	d d			
Please enter your na	me or message	as you would	like it to app	ear on the pa	rticipant	s Honour F	Roll			
☐ I prefer not to show ☐ I do not want my n SELECT BETWEEN ☐ Personal Cheque	I TWO EASY PA	on the Tour de C AYMENT OPTI t in full only. Ple	Cure website.		to Tour (de Cure. Inc	:lude pa	articipant name and		
☐ Credit card	number on all cheques. 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		John the process	Sing of this lo	im by the doll	CVV		Ехр	☐ Visa ☐ Mastercal ☐ Amex	d	
Cardholder Name			Cardhold	ler Signature						