



## 2025 DONATION FORM

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

WHO ARE YOU DO		390				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 CLI	EARLY, AS YOU WISH IT T	O APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
E M						Each cheque must come with its own donation form.
First Name	Last	Name				All donations will be credited in Canadian
Company name (for Co	prporate 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	Prov	ince	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 est news and events, and fu			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
			lives!			
<ul> <li>\$2,500</li> <li>\$1,500</li> <li>\$1,000</li> <li>\$500</li> <li>\$250</li> <li>\$</li> </ul>	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly pa	Over Time			
Please enter your na	me or message as you wou	ıld like it to appe	ear on the parti	cipant's Hono	our Roll	
☐ I do not want my n	w the amount of my gift on the ame to appear on the Tour do TWO EASY PAYMENT OF Single payment in full only. number on all cheques.  Single or monthly payment immediately upon the process.	e Cure website.  PTIONS  Please make che s. Your statemen	eques payable to	ur de Cure BC		·
Card Number	miniculately upon the proc	C331119 O1 (1113 101	in by the dollat	CVV	Exp	☐ Visa ☐ Mastercard
Cardholder Name		Cardhold	er Signature	CVV	схр	☐ Amex