



2025 DONATION FORM

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

WHO ARE YOU DO		200					mail this form or drop h your donation to this ss:			
Brian Domin	go	Participant number					150-6	ncer Foundation 86 W. Broadway uver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YOU	WISH IT TO A	PPEAR ON YO	UR TAX RE	CEIPT		You ca	in also donate online at		
								ch cheque must come h its own donation form.		
First Name		Last Nam	e				• All cre	donations will be dited in Canadian		
Company name (for Co	orporate donations	only)						lars.		
Mailing Address							ded (if y	donations are 100% tax ductible, tax receiptable ou donate \$10 or more) n-refundable and non-		
City		Province	Postal Co		ode			transferable.		
Phone Number (manda	atory for credit card	I payments)					pro	your company if they wide matching gifts for nations.		
Email (to receive tax rec	o receive emails f				earch		BC Ca please	ore information about ncer Foundation, visit: cerfoundation.com		
CHOOSE YOUR LE	EVEL OF DONAT	ΓΙΟΝ								
We're grateful for an	ything you can g	jive. Every dolla	ar helps save m	ore lives!						
□ \$2,500	Ar	nbassador	Payments Ove							
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Please enter your na	me or message a	as you would li	ke it to appear o	on the parti	cipant's l	Honour R	oll			
☐ I prefer not to show			-	our Roll.						
SELECT BETWEEN	TWO EASY PA	MENT OPTIO	NS							
☐ Personal Cheque	Single payment number on all cl		se make cheque	es payable to	Tour de	Cure. Incl	ude participa	nt 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 _			_ Cardholder Si	gnature _				cx		