



2025 DONATION FORM

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

WHO ARE YOU DO	DNATING TO?				Please mail this form or drop off with your donation to this
Jordan Fahr		452			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 YO	OUR TAX REC	EIPT	You can also donate online at tourdecure.ca
First Name	Last Na	ame			 Each cheque must come with its own donation form.
- Institution					All donations will be credited in Canadian
Company name (for Co	orporate donations only)				dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provinc	ce	Postal Cod	е	transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
Email (to receive tax red	ceipt by email)				For more information about BC Cancer Foundation,
breakthroughs, lat	receive emails from the BC Cest news and events, and fund			arch	please visit: bccancerfoundation.com
	ything you can give. Every do	allar helns save r	nore lives!		
☐ \$2,500	Ambassador	Payments Ov			
□ \$1,500	Challenger			ayments of \$	
□ \$1,000	Champion		nents must be	\$25 or higher and	
□ \$500	Catalyst	cannot extend	l beyond Augu	st 31, 2025.)	
□ \$250	Supporter				
□\$	Custom				
Please enter your na	me or message as you would	like it to appear	on the partic	ipant's Honour Ro	oll
	v the amount of my gift on the ame to appear on the Tour de 0		nour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPTI	ONS			
☐ Personal Cheque	Single payment in full only. Plenumber on all cheques.	ease make chequ	ies payable to	Tour de Cure. Inclu	ude 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 _		Cardholder	Signature _		