



## 2025 DONATION FORM

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

					<b>-</b>		
WHO ARE YOU DONATIN				off with your donatio	Please mail this form or drop off with your donation to this address:		
Melissa Ferrad		466			address:  BC Cancer Foundation		
Name		Participant number				150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLEARLY, A	AS YOU WISH IT TO	APPEAR ON	YOUR TAX RE	CEIPT	You can also donate of tourdecure.ca	online at	
					• Each cheque mus with its own dona		
First Name	Last Na	ame			All donations will I		
Company name (for Corporate c	donations only)				credited in Canad dollars.	an	
					• All donations are 1		
Mailing Address					deductible, tax red (if you donate \$10		
City	Province	ce	Postal Co	ode	non-refundable au transferable.		
					<ul><li>Ask your company</li></ul>	if they	
Phone Number (mandatory for c	redit card payments)				provide matching donations.	gifts for	
Email (to receive tax receipt by e	mail)				For more information		
					BC Cancer Foundation please visit:		
☐ Yes, I would like to receive breakthroughs, latest news				search	bccancerfoundation.	.com	
CHOOSE YOUR LEVEL OF							
We're grateful for anything y							
□ \$2,500 □ \$1,500	Ambassador	Payments	Over Time monthly	payments of \$			
□ \$1,500 □ \$1,000	Challenger Champion		ayments must b	e \$25 or higher	and		
□ \$500	Catalyst	cannot ext	end beyond Aug	just 31, 2025.)			
□ \$250	Supporter						
□\$	Custom						
Please enter your name or m	nessage as you would	d like it to app	ear on the part	icipant's Honoı	ur Roll		
$\square$ I prefer not to show the am $\square$ I do not want my name to a		-	Honour Roll.				
☐ I do not want my name to a	ppear on the rour de	Cure website.					
SELECT BETWEEN TWO E	ASY PAYMENT OPT	IONS					
Singular		l l		- T d- C	la alcada na antisia antis ancada a antis		
	r on all cheques.	lease make ch	eques payable t	o Tour de Cure.	Include participant name and		
	or monthly payments. iately upon the proces				ancer. Payments commence		
Card Number				CVV	Exp	sa astercard	
Cardholder Name		Cardhala	ler Signature		□ A	mex	
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