



2025 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?						ail this form or drop	
A so almano Ei ala		471				address:	our donation to this	
Andrew Fish Name	Participant number				150-686 \	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT		You can a tourdecur	lso donate online at e.ca	
First Name	Last Na	ame					cheque must come s own donation form.	
							nations will be ed in Canadian	
Company name (for Co	orporate donations only)					dollars	i.	
Mailing Address						deduc (if you	nations are 100% tax tible, tax receiptable donate \$10 or more), efundable and non-	
City	Province	ce	Postal Co	de		transfe	erable.	
Phone Number (mandatory for credit card payments)							ur company if they e matching gifts for ons.	
,	ceipt by email) o receive emails from the BC (est news and events, and fun			earch		BC Cance please vis	information about er Foundation, it: foundation.com	
CHOOSE YOUR LE	EVEL OF DONATION							
We're grateful for an	ything you can give. Every do	ollar helps save i	more lives!					
□ \$2,500	Ambassador	Payments O	ver Time					
□ \$1,500	Challenger	,	monthly					
☐ \$1,000	Champion		ments must be d beyond Aug					
□ \$ 500	Catalyst	Carmot extern	u beyond Aug	ust 31, 202	23.)			
□ \$250	Supporter							
Dlassa enter your na	Custom	Llika it ta annaa	r on the narti	cinant's L	longur D	oll.		
Please enter your na	me or message as you would	і шке іс со арреа	r on the parti	cipani s r	ioriour R	Oll		
	v the amount of my gift on the ame to appear on the Tour de		nour Roll.					
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS						
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	ease make cheq	ues payable to	Tour de (Cure. Incl	ude participant r	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 _				_ , and	