



2025 DONATION FORM

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

WHO ARE YOU DONATING TO?					Please mail this form or drop off with your donation to this address:
Annabel Fran	Cis 489 Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH I	Γ TO APPEAR ON	YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
					Each cheque must come with its own donation form.
First Name Last Name Company name (for Corporate donations only)					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	Р	rovince	Postal Co	de	transferable.
Phone Number (manda	atory for credit card paymen	ts)			 Ask your company if they provide matching gifts for donations.
	ceipt by email) o receive emails from the test news and events, and			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION				
We're grateful for an	nything you can give. Eve	ry dollar helps sav	e more lives!		
□ \$2,500	Ambassade	or Payments	Over Time		
□ \$1,500	Challenger	(monthly n		payments of \$. e \$25 or higher ar	ad .
☐ \$1,000	Champion		end beyond Aug		iu
□ \$500 □ \$250	Catalyst				
□ \$	Supporter Custom				
Please enter your na	ame or message as you w	ould like it to app	ear on the parti	cipant's Honour	Roll
-	w the amount of my gift o name to appear on the Tou		Honour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT	OPTIONS			
☐ Personal Cheque	Single payment in full or number on all cheques.	nly. Please make cho	eques payable to	Tour de Cure. In	iclude 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
Cardholder Name _		Cardhold	er Signature _		