



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:			
Thomas Frol	Frohlich 498 Participant number						BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1				
PLEASE PRINT CL	EARLY, AS YO	U WISH IT TO	APPEAR ON	I YOUR TAX	RECEIPT			You can also tourdecure.	o donate		
First Name		Last Na	ame					• Each che with its c		ust come nation form.	
Company name (for Corporate donations only)								 All donations will be credited in Canadian dollars. 			
Mailing Address City		Provinc	ce	Postal	Code			(if you do	ole, tax re onate \$1 undable a	e 100% tax eceiptable .0 or more), and non-	
Phone Number (mandatory for credit card payments)								 Ask your company if they provide matching gifts for donations. 			
☐ Yes, I would like to breakthroughs, lat CHOOSE YOUR LE We're grateful for an	est news and	events, and fund	draising initiat	tives.				BC Cancer I please visit: bccancerfo			
 \$2,500 \$1,500 \$1,000 \$500 \$250 \$ 	iyumig you ca	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly p	Over Time	hly payme t be \$25 c	r higher and	<u></u>				
Please enter your na	me or messag	e as you would	like it to app	ear on the pa	articipant	's Honour I	Roll				
☐ I prefer not to show ☐ I do not want my n	ame to appear	ON the Tour de O	Cure website.								
☐ Personal Cheque	number on al	•						·			
☐ Credit card	_	nthly payments. `upon the proces					cer. Pa	yments comr		Visa	
Card Number					CVV		Exp			Mastercard Amex	
Cardholder Name			Cardholo	der Signature					_ /	. IIIICA	