



2025 DONATION FORM

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

	Carolyn Gillespie 546					Please mail this form or drop off with your donation to this address:
Name	sspie	Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT	TO APPEAR ON '	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca
First Name	Lac	t Name				• Each cheque must come with its own donation form.
Company name (for Corporate donations only)						All donations will be credited in Canadian dollars.
Mailing Address						All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Pro	vince	Postal Co	de		transferable.
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the E test news and events, and f EVEL OF DONATION	undraising initiativ	ves.	earch		please visit: bccancerfoundation.com
_	nything you can give. Every	•				
□ \$2,500	Ambassador	Payments C				
□ \$1,500	Challenger	(manthly na	monthly yments must be	payments of \$		
□ \$1,000	Champion		nd beyond Aug		ariu	
□ \$500	Catalyst		,	,,		
□ \$250 □ \$	Supporter Custom					
Please enter your na	me or message as you wo	uld like it to appe	ar on the parti	cipant's Hono	ur Roll	
•	w the amount of my gift on name to appear on the Tour		onour Roll.			_
SELECT BETWEEN	I TWO EASY PAYMENT O	PTIONS				
☐ Personal Cheque	Single payment in full only number on all cheques.	v. Please make chec	ques payable to	Tour de Cure.	Include p	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	Ехр	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholde	r Signature _			