



2025 DONATION FORM

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

WHO ARE YOU DONA	TING TO?	EE A	Please mail this form or drop off with your donation to this address:
Sophia Gjervan		Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEARL	Y, AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	me	• 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 City	Province	e Postal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)			 Ask your company if they provide matching gifts for donations.
breakthroughs, latest n	eive emails from the BC C ews and events, and fund OF DONATION		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for anythir □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2025.)	
Please enter your name o	or message as you would	like it to appear on the participant's Honour Ro	u
☐ I do not want my name SELECT BETWEEN TW ☐ Personal Cheque Sing	amount of my gift on the perfect of the perfect of the Tour de Control of the Tour de Control of the Perfect of	ure website.	de participant name and
☐ Credit card Sing	gle or monthly payments. Y	our statement(s) will read Tour de Cure BC Cance ing of this form by the donation office.	r. Payments commence
Card Number	leading apon the process		□ Visa □ Mastercard □ Amex
Cardholder Name		Cardholder Signature	