



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:		
Robert Harty	Vikson 623 Participant number							BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YC	OU WISH IT TO	APPEAR ON	I YOUR TAX	RECEIPT			You can also donate on tourdecure.ca	line at	
 First Name		Last Na	ame					Each cheque must c with its own donatic		
Company name (for Corporate donations only)								 All donations will be credited in Canadiar dollars. 		
Mailing Address City		Provinc	ce	Postal	Code			All donations are 100 deductible, tax recei (if you donate \$10 o non-refundable and transferable.	ptable r more),	
Phone Number (mandatory for credit card payments)								 Ask your company if they provide matching gifts for donations. 		
☐ Yes, I would like to breakthroughs, lat	test news and	events, and fund	draising initia	tives.				BC Cancer Foundation please visit: bccancerfoundation.co		
We're grateful for an □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	iytning you ca	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly p	Over Time	hly payme t be \$25 c	r higher and	d			
Please enter your na	ıme or messaç	ge as you would	l like it to app	pear on the pa	articipant	's Honour I	Roll			
☐ I prefer not to show ☐ I do not want my n SELECT BETWEEN ☐ Personal Cheque	name to appear	PAYMENT OPT	Cure website.		e to Tour	de Cure. Inc	clude pa	articipant name and		
☐ Credit card	number on all cheques. 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	immediately	upon the proces	sing of this fo	orm by the dor	CVV	ce.	Ехр		tercard	
Cardholder Name			Cardhol	der Signature				□ Ame	:X	