



## 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:	
Dennis Hock	ridge	Participant number		BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CLI	EARLY, AS YOU WISH IT TO	APPEAR ON YOUR TAX RE	CEIPT	You can also donate online at tourdecure.ca	
First Name	L+ NI			Each cheque must come with its own donation form.	
First Name  Company name (for Co	Last Na orporate donations only)	ame		<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>	
Mailing Address  City	Provinc	ce Postal Co	de	<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.</li> </ul>	
Phone Number (mandatory for credit card payments)				Ask your company if they provide matching gifts for donations.	
breakthroughs, lat	o receive emails from the BC ( lest news and events, and fund EVEL OF DONATION	draising initiatives.	earch	BC Cancer Foundation, please visit: bccancerfoundation.com	
\$2,500   \$1,500   \$1,000   \$500   \$250   \$	Ambassador Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time		_	
Please enter your na	me or message as you would	I like it to appear on the parti	cipant's Honour Rol	l	
☐ I do not want my n	w the amount of my gift on the lame to appear on the Tour de G	Cure website.			
_	TWO EASY PAYMENT OPTI				
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.				
☐ 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	□ Visa □ Mastercard □ Amex	
Cardholder Name _		Cardholder Signature _			