



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? Lisa Hoek 663 | | | | | | Please mail this form or drop off with your donation to this address: |
|--|--|-------------------|--------------------------------|----------------|--------------|--|
| Name | Participant number | | | | | BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1 |
| PLEASE PRINT CL | EARLY, AS YOU WISH IT TO | APPEAR ON | YOUR TAX RE | CEIPT | | You can also donate online at tourdecure.ca |
| E M | | | | | | Each cheque must come with its own donation form. |
| First Name Last Name Company name (for Corporate donations only) | | | | | | All donations will be credited in Canadian |
| Company name (for Co | or porate doriations only) | | | | | dollars.All donations are 100% tax |
| Mailing Address | | | | | | deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- |
| City | Provin | ce | Postal Co | ode | | transferable. |
| Phone Number (mandatory for credit card payments) | | | | | | Ask your company if they provide matching gifts for donations. |
| | ceipt by email) o receive emails from the BC electric and fun | | | earch | | For more information about BC Cancer Foundation, please visit: bccancerfoundation.com |
| CHOOSE YOUR LE | EVEL OF DONATION | | | | | |
| We're grateful for an | ything you can give. Every do | ollar helps save | more lives! | | | |
| □ \$2,500 | Ambassador | Payments (| Over Time | | | |
| □ \$1,500 | Challenger | / | | payments of | | |
| □ \$1,000 | Champion | | yments must b nd beyond Aug | | | |
| □ \$500 | Catalyst | carinot exte | na beyona nag | ust 51, 2025.) | | |
| □ \$250 □ \$ | Supporter Custom | | | | | |
| | me or message as you would | d like it to appe | ar on the part | icipant's Hon | our Roll | |
| - | w the amount of my gift on the name to appear on the Tour de | | onour Roll. | | | _ |
| SELECT BETWEEN | I TWO EASY PAYMENT OPT | IONS | | | | |
| ☐ Personal Cheque | Single payment in full only. P number on all cheques. | lease make che | ques payable t | o Tour de Cur | e. Include ¡ | 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 | Exp | ☐ Visa☐ Mastercard☐ Amex |
| Cardholder Name _ | | Cardholde | r Signature . | | | |