



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? Savannah Huculak 679					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
 First Name	Loc	nt Nama			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 dollars.
Mailing Address					All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Pro	ovince	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
breakthroughs, late CHOOSE YOUR LE	receive emails from the E lest news and events, and EVEL OF DONATION bything you can give. Every	fundraising initiati	ves. e more lives!	earch	bccancerfoundation.com
<pre>□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$</pre>	Ambassadoi Challenger Champion Catalyst Supporter Custom	(monthly pa	monthly	payments of \$ e \$25 or higher an ust 31, 2025.)	d
Please enter your na	me or message as you wo	ould like it to appe	ar on the parti	cipant's Honour	Roll
-	w the amount of my gift on ame to appear on the Tour		onour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT C	PTIONS			
☐ Personal Cheque	Single payment in full only number on all cheques.	y. Please make che	ques payable to	Tour de Cure. In	clude 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
Cardholder Name _		Cardholde	er Signature _		