



2025 DONATION FORM

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

WHO ARE YOU DO	RE YOU DONATING TO? Ck Hudon 680					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 Y	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
First Name	L A N					Each cheque must come with its own donation form.	
First Name	Last Na	arne 				All donations will be credited in Canadian	
Company name (for Co	orporate donations only)					dollars.	
Mailing Address						 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- 	
City	Provinc	се	Postal Co	de		transferable.	
Phone Number (manda	atory for credit card payments)					 Ask your company if they provide matching gifts for donations. 	
,	ceipt by email) o receive emails from the BC (test news and events, 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	nything you can give. Every do	ollar helps save	more lives!				
□ \$2,500	Ambassador	Payments O	ver Time				
□ \$1,500	Challenger	/		payments of			
□ \$1,000	Champion		ments must be d beyond Augi				
□ \$500 - ·	Catalyst	carmot extern	a beyona nagi	30(01, 2020.)			
□ \$250 □ \$	Supporter Custom						
	ame or message as you would	I like it to appea	r on the parti	cipant's Hon	our Roll		
☐ I do not want my n	w the amount of my gift on the name to appear on the Tour de	Cure website.	nour Roll.			-	
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS					
☐ 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	Ехр	□ Visa □ Mastercard	
Cardholder Name _		Cardholder	Signature			☐ Amex	