



2025 DONATION FORM

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

WHO ARE YOU DONA		000	Please mail this form or drop off with your donation to this address:
AMD Vancouve	r	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEARI	LY, AS YOU WISH IT TO A	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Nar	me	Each cheque must come with its own donation form.
Company name (for Corpora			 All donations will be credited in Canadian dollars.
Mailing Address City	Province	e Postal Code	 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)			 Ask your company if they provide matching gifts for donations.
	eive emails from the BC C news and events, and fund	ancer Foundation about research raising initiatives.	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for anythir ☐ \$2,500 ☐ \$1,500 ☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ monthly payments of \$ (monthly payments must be \$25 or higher and cannot extend beyond August 31, 2025.)	_
Please enter your name o	or message as you would	like it to appear on the participant's Honour Roll	
☐ I do not want my name SELECT BETWEEN TW ☐ Personal Cheque Sing		ure website.	e participant name and
☐ Credit card Sing		our statement(s) will read Tour de Cure BC Cancer. ing of this form by the donation office.	Payments commence
Card Number			xp □ Visa □ Mastercard □ Amex
Cardholder Name		Cardholder Signature	