



2025 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?	71.4		Please mail this form or drop off with your donation to this address:
Shai James Name		714 Participant number		BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, 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.
	prporate donations only)			 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.
breakthroughs, late	o receive emails from the BC Coest news and events, and fund	raising initiatives.		BC Cancer Foundation, please visit: bccancerfoundation.com
 \$2,500 \$1,500 \$1,000 \$500 \$250 \$ 	ything you can give. Every dol Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time	nly payments of \$: be \$25 or higher a	nd
Please enter your na	me or message as you would l	ike it to appear on the pa	rticipant's Honou	r Roll
☐ I do not want my n	v the amount of my gift on the p ame to appear on the Tour de C TWO EASY PAYMENT OPTIC	ure website.		
☐ 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	Exp
Cardholder Name		Cardholder Signature		