



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?	721		Please mail this form or drop off with your donation to this address:
Kris Jensen 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	RECEIPT	You can also donate online at tourdecure.ca
E M				Each cheque must come with its own donation form.
First Name Company name (for Co	Last Na prporate donations only)	me		All donations will be credited in Canadian
Company hame nor co	riporate donations only)			dollars. • All donations are 100% tax
Mailing Address				deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provinc	e Postal	Code	transferable.
Phone Number (manda	tory for credit card payments)			 Ask your company if they provide matching gifts for donations.
	ceipt by email) o receive emails from the BC C est news and events, and fund		esearch	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	llar helps save more lives!		
□ \$2,500	Ambassador	Payments Over Time		
☐ \$1,500	Challenger		nly payments of \$	_
☐ \$1,000	Champion	(monthly payments must cannot extend beyond A		
□ \$500	Catalyst	carriot exteria beyond A	ugust 51, 2025.)	
□ \$250	Supporter			
Selection Please enter your na	Custom me or message as you would	like it to appear on the pa	rticipant's Honour Rol	ι
•	v the amount of my gift on the ame to appear on the Tour de C			
SELECT BETWEEN	TWO EASY PAYMENT OPTI	ONS		
☐ Personal Cheque	Single payment in full only. Ple number on all cheques.	ease make cheques payable	e to Tour de Cure. Includ	de 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	□ Visa □ Mastercard □ Amex
Cardholder Name _		Cardholder Signature		