



2025 DONATION FORM

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

WHO ARE YOU DO		732				this form or drop r donation to this	
Name	Participant number				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CLI	EARLY, AS YOU WISH IT	TO APPEAR ON	YOUR TAX RE	CEIPT		o donate online at	
F. IN						eque must come own donation form.	
First Name	La	st Name			All donat	ions will be in Canadian	
Company name (for Co	orporate donations only)				dollars.	iri Cariaulari	
Mailing Address					deductib (if you do	ions are 100% tax le, tax receiptable onate \$10 or more), indable and non-	
City	Pro	ovince	Postal Co	ode	transfera		
Phone Number (mandatory for credit card payments)						company if they matching gifts for is.	
breakthroughs, lat	o receive emails from the lest news and events, and			earch	BC Cancer F please visit:		
	ything you can give. Ever	v dollar helps sav	e more lives!				
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassado Challenger Champion Catalyst Supporter Custom	Payments (monthly p	Over Time monthly	payments of \$ e \$25 or higher a ust 31, 2025.)	nd		
Please enter your na	me or message as you wo	ould like it to app	ear on the parti	cipant's Honou	Roll		
☐ I do not want my n	w the amount of my gift on ame to appear on the Tour TWO EASY PAYMENT C	de Cure website.		o Tour de Cure	nclude participant nar	me and	
_ rersonat Cneque	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	☐ Visa ☐ Mastercard	
Cardholder Name		Cardhold	er Signature			☐ Amex	