



## 2025 DONATION FORM

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

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WHO ARE YOU DONA		740	Please mail this form or drop off with your donation to this address:
Rachelle Kallec	ny	Participant number	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CLEARI	LY, AS YOU WISH IT TO	APPEAR ON YOUR TAX RECEIPT	You can also donate online at tourdecure.ca
First Name	Last Na	me	• Each cheque must come with its own donation form.
Company name (for Corporate donations only)			<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
Mailing Address City	Province	e Postal Code	<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-transferable.</li> </ul>
Phone Number (mandatory for credit card payments)			<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, latest r	eive emails from the BC C news and events, and fund		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
We're grateful for anythii □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	ng you can give. Every dol Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over Time monthly payments of \$ (monthly payments must be \$25 or higher an cannot extend beyond August 31, 2025.)	d
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	e amount of my gift on the p to appear on the Tour de C O EASY PAYMENT OPTIO	Cure website.	clude participant name and
nur	mber on all cheques.	our statement(s) will read Tour de Cure BC Car	
		ing of this form by the donation office.	□ Visa
Card Number		CVV	Exp
Cardholder Name		Cardholder Signature	