



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?				Please mail this form or drop off with your donation to this
Charles Kari	755	755		address:	
Name	utt	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	OUR TAX REC	CEIPT	You can also donate online at tourdecure.ca
First Name	Last N	ame			 Each cheque must come with its own donation form.
Company name (for Corporate donations only)					 All donations will be credited in Canadian
Company name (for Co	orporate donations only)				dollars.
Mailing Address					 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provin	ice	Postal Cod	le	transferable.
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations.
Email (to receive tax red	ceipt by email)				For more information about BC Cancer Foundation,
breakthroughs, lat	o receive emails from the BC est news and events, and fun EVEL OF DONATION			arch	bccancerfoundation.com
We're grateful for an	ything you can give. Every d	ollar helps save n	nore lives!		
□ \$2,500	Ambassador	Payments Ov	er Time		
□ \$1,500	Challenger	,		payments of \$	<u> </u>
□ \$1,000	Champion	(monthly payr cannot extend		\$25 or higher and	
□ \$500	Catalyst	carriot exterio	r beyond Maga	3(31, 2023.)	
□ \$250	Supporter				
Selection Please enter your na	Custom me or message as you would	d like it to appear	on the partic	ipant's Honour Ro	oll
	w the amount of my gift on the ame to appear on the Tour de		nour Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P	lease make chequ	ies payable to	Tour de Cure. Inclu	ude 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	Exp
Cardholder Name _		Cardholder S	Signature _		