



## 2025 DONATION FORM

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

WHO ARE YOU DONATING TO?  Shane King 781				Please mail this form or drop off with your donation to this address:	
Shane King 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 Y	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
Fig. 1.N.					Each cheque must come     with its own donation form.
First Name  Last Name  Company name (for Corporate donations only)					All donations will be credited in Canadian dollars.
Mailing Address					All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City	Provir	nce	Postal Co	de	transferable.
Phone Number (mandatory for credit card payments)					<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the BC test news and events, and fur EVEL OF DONATION Bything you can give. Every d	ndraising initiativ	es.	earch	please visit: bccancerfoundation.com
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250	Ambassador Challenger Champion Catalyst Supporter Custom	Payments O (monthly pay	ver Time monthly	payments of \$ 2 \$25 or higher a ust 31, 2025.)	nd
Please enter your na	ime or message as you would	d like it to appea	r on the parti	cipant's Honoui	Roll
•	w the amount of my gift on the lame to appear on the Tour de		nour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	TIONS			
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make cheq	ues payable to	Tour de Cure. Ir	nclude 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	Signature _		