



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?								Please mail this form or drop off with your donation to this address:		
Mike Kozake	Participant number							BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CL	EARLY, AS YO	U WISH IT TO	APPEAR ON	N YOUR TAX	RECEIPT	-		You can also donate online at tourdecure.ca		
 First Name		Last Na	ame					Each cheque must come with its own donation form		
Company name (for Corporate donations only)								 All donations will be credited in Canadian dollars. 		
Mailing Address City		Provinc	ce	Postal	Code			 All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more non-refundable and non- transferable. 		
Phone Number (manda	atory for credit c	ard payments)						Ask your company if they provide matching gifts for donations.		
☐ Yes, I would like to breakthroughs, lat	test news and	events, and fund	draising initia	tives.				BC Cancer Foundation, please visit: bccancerfoundation.com		
We're grateful for an □ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	iytning you ca	Ambassador Challenger Champion Catalyst Supporter Custom	Payments (monthly p	o Over Time	hly payme at be \$25 c	or higher an	d			
Please enter your na	ime or messag	je as you would	l like it to app	pear on the p	articipant	s Honour	Roll			
☐ I prefer not to show ☐ I do not want my n SELECT BETWEEN ☐ Personal Cheque	name to appear	on the Tour de	Cure website.		e to Tour	de Cure. Inc	clude pa	articipant name and		
☐ Credit card	number on al Single or mor	l cheques. hthly payments.	Your stateme	nt(s) will read	Tour de C	ure BC Can		yments commence		
Card Number	immediately i	upon the proces	sing of this fo	orm by the do	CVV	ce.	Exp	□ Visa □ Mastercard		
Cardholder Name			Cardhol	der Signature				☐ Amex		