



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? Julia Kuznetsova 820					of	ease mail this form or drop if with your donation to this ddress:
Name Name	Participant number				15	C Cancer Foundation 50-686 W. Broadway ancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT	Yo	ou can also donate online at ourdecure.ca
E M					•	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
	sporace domations only,				•	dollars. All donations are 100% tax
Mailing Address						deductible, tax receiptable (if you donate \$10 or more),
City	Provi	nce	Postal Co	de		non-refundable and non- transferable.
Phone Number (mandatory for credit card payments)						Ask your company if they provide matching gifts for donations.
	ceipt by email) o receive emails from the BC est news and events, and fu			earch	B(pl	or more information about C Cancer Foundation, ease visit: ccancerfoundation.com
CHOOSE YOUR LE	EVEL OF DONATION					
We're grateful for an	ything you can give. Every c	Iollar helps save	more lives!			
□ \$2,500	Ambassador	Payments C				
☐ \$1,500	Challenger	,		payments of \$		
□ \$1,000	Champion			e \$25 or higher	and	
□ \$500	Catalyst	Carinot exter	nd beyond Aug	ust 31, 2025.)		
□ \$250	Supporter					
□\$	Custom					
Please enter your na	me or message as you woul	d like it to appea	ar on the parti	cipant's Hono	ur Roll	
-	w the amount of my gift on the amount of the Tour de		onour Roll.			
SELECT BETWEEN	TWO EASY PAYMENT OP	TIONS				
☐ Personal Cheque	Single payment in full only. I number on all cheques.	Please make che	ques payable to	Tour de Cure.	Include part	icipant 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	Ехр	☐ Visa ☐ Mastercard ☐ Amex
Cardholder Name _		Cardholde	r Signature .			