



2025 DONATION FORM

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

WHO ARE YOU DO	eredith Laird 827					Please mail this form or drop off with your donation to this address:	
Name	Participant number					BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
F. IN		<u> </u>				Each cheque must come with its own donation form.	
First Name		Name				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	Provi	nce	Postal Co	de		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 test news and events, and fu			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	nything you can give. Every o	dollar helps save	more lives!				
□ \$2,500	Ambassador	Payments C					
□ \$1,500	Challenger	(100 0 10 the last 10 0 10 0 10 10 10 10 10 10 10 10 10 10		payments of S			
□ \$1,000	Champion		yments must be nd beyond Aug		r ariu		
□ \$500	Catalyst		, ,				
□ \$250 □ \$	Supporter Custom						
Please enter your na	ame or message as you wou	ld like it to appe	ar on the parti	cipant's Hone	our Roll		
☐ I do not want my n	w the amount of my gift on th	e Cure website.	onour Roll.			-	
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS					
☐ Personal Cheque	Single payment in full only. Please make cheques payable to Tour de Cure. Include participant name and number on all cheques.						
☐ 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				