



2025 DONATION FORM

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

WHO ARE YOU DO	RE YOU DONATING TO?					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	APPEAR ON	YOUR TAX RE	CEIPT		You can also donate online at tourdecure.ca	
First Name	Last N	la ma a				Each cheque must come with its own donation form.	
	prporate donations only)	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	Provir	nce	Postal Co	ode		transferable.	
Phone Number (manda	tory for credit card payments)					 Ask your company if they provide matching gifts for donations. 	
,	o receive email) o receive emails from the BC est news and events, and fur			earch		For more information about BC Cancer Foundation, please visit: bccancerfoundation.com	
CHOOSE YOUR LE	EVEL OF DONATION						
We're grateful for an	ything you can give. Every d	ollar helps sav	e more lives!				
□ \$2,500	Ambassador	Payments	Over Time				
□ \$1,500	Challenger	(see e se tile is a se		payments o			
□ \$1,000	Champion		ayments must b end beyond Aug				
□ \$500	Catalyst	3331	5.14 2 5) 51.14 7 tag	0.01 01, 2020	•,		
□ \$250 □ \$	Supporter Custom						
	me or message as you woul	d like it to app	ear on the part	icipant's Ho	nour Roll		
☐ I do not want my n	v the amount of my gift on the ame to appear on the Tour de	Cure website.	Honour Roll.			_	
SELECT BETWEEN	TWO EASY PAYMENT OPT	TIONS					
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make che	eques payable to	o Tour de Cu	ıre. Include ı	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		Cardhold	er Signature			☐ Amex	