



## 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:
Lyakatali Lav	/ji	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT T	O APPEAR ON Y	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
					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
Company name (for Co	orporate donations only)				dollars.
Mailing Address					<ul> <li>All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-</li> </ul>
City	Prov	ince	Postal Co	de	transferable.
Phone Number (manda	atory for credit card payments)				<ul> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
	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	dollar helps save	more lives!		
□ \$2,500	Ambassador	Payments O			
□ \$1,500	Challenger	(monthly nav		payments of \$    . • \$25 or higher ar	
☐ \$1,000	Champion		d beyond Augi		id
□ \$500 □ \$250	Catalyst Supporter				
□ \$	Custom				
Please enter your na	ame or message as you wou	ıld like it to appea	r on the parti	cipant's Honour	Roll
•	w the amount of my gift on that and the Tour d		nour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OP	PTIONS			
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make cheq	ues payable to	Tour de Cure. Ir	oclude 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 Visa Mastercard
Cardholder Name _		Cardholder	Signature _		