



## 2025 DONATION FORM

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

	O ARE YOU DONATING TO?			Please mail this form or drop off with your donation to this address:	
greg lee		Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	JR TAX RECE	IPT	You can also donate online at tourdecure.ca
F. IN					Each cheque must come with its own donation form.
Eirst Name  Last Name  Company name (for Corporate donations only)					All donations will be credited in Canadian dollars.
Mailing Address					All donations are 100% tax deductible, tax receiptable (if you donate \$10 or more), non-refundable and non-
City  Phone Number (manda	Proving tory for credit card payments)	ce	Postal Code		<ul> <li>transferable.</li> <li>Ask your company if they provide matching gifts for donations.</li> </ul>
breakthroughs, lat	o receive emails from the BC ( est news and events, and fund		n about reseal	rch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
	ything you can give. Every do	ollar helps save mo	ore lives!		
□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$	Ambassador Challenger Champion Catalyst Supporter Custom	Payments Ove	r Time monthly pa ents must be \$	25 or higher and	_
Please enter your na	me or message as you would	like it to appear o	on the particip	ant's Honour Ro	u
	v the amount of my gift on the ame to appear on the Tour de		ur Roll.		
SELECT BETWEEN	TWO EASY PAYMENT OPT	ONS			
☐ Personal Cheque	Single payment in full only. Pl number on all cheques.	ease make cheque	s payable to To	our de Cure. Inclu	de 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					Exp
Cardholder Name _		Cardholder Sig	gnature		Amex