



2025 DONATION FORM

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

WHO ARE YOU DO	ONATING TO?							form or drop	
NA'' a Lagrana	072						off with your donation to this address:		
Miin Leong		873				ВС	BC Cancer Foundation		
Name	Participant number						150-686 W. Broadway Vancouver, BC V5Z 1G1		
PLEASE PRINT CLI	EARLY, AS YOU WISH IT TO	APPEAR ON '	OUR TAX RE	CEIPT			u can also do urdecure.ca	onate online at	
First Name	Last N	lame				_ •		ne must come n donation form.	
Tilservallie	Lustin	varrie				•	All donation	ıs will be	
Company name (for Co	prporate donations only)						credited in 0 dollars.	Canadian	
Mailing Address						_ •	deductible, (if you dona	tax receiptable ate \$10 or more),	
City	Provir	nce	Postal Co	ode		_	transferable	•	
Phone Number (mandatory for credit card payments)						_ •	 Ask your company if they provide matching gifts for donations. 		
Email (to receive tax red	ceipt by email) o receive emails from the BC	Cancer Founda	tion about res	search		BC ple	r more infor Cancer Fou ease visit: cancerfound		
breakthroughs, lat	est news and events, and fur	ndraising initiativ	es.						
CHOOSE YOUR LE	EVEL OF DONATION								
We're grateful for an	ything you can give. Every d	ollar helps save	more lives!						
□ \$2,500	Ambassador	Payments C	Over Time						
□ \$1,500	Challenger		monthly	, payment					
□ \$1,000	Champion		yments must b			l			
□ \$500	Catalyst	cannot exte	nd beyond Aug	gust 31, 20	125.)				
□ \$250	Supporter								
□ \$	Custom								
Please enter your na	me or message as you would	d like it to appe	ar on the part	icipant's	Honour R	Roll			
☐ I prefer not to show	v the amount of my gift on the	e participant's Ho	onour Roll						
	ame to appear on the Tour de								
SELECT BETWEEN	TWO EASY PAYMENT OPT	TIONS							
☐ Personal Cheque	Single payment in full only. Pnumber on all cheques.	Please make che	ques payable t	o Tour de	Cure. Inc	lude parti	cipant 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 ☐ Amex	
Cardholder Name _		Cardholde	r Signature .					- Alliex	