



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? William Liang 891					Please mail this form or drop off with your donation to this address:
William Lian	<u>y</u> 	Participant nu	ımber	BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YO	UR TAX REG	CEIPT	You can also donate online at tourdecure.ca
First Name	Look N				Each cheque must come with its own donation form.
	Last 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	Provin	ce	Postal Cod	de	transferable.
Phone Number (mandatory for credit card payments)					 Ask your company if they provide matching gifts for donations.
•	o receive emails from the BC test news and events, and fun			earch	For more information about BC Cancer Foundation, please visit: bccancerfoundation.com
CHOOSE YOUR L	EVEL OF DONATION				
We're grateful for ar	nything you can give. Every do	ollar helps save m	ore lives!		
<pre> \$2,500 \$1,500 \$1,000 \$500 \$250 \$ \$ </pre>	Ambassador Challenger Champion Catalyst Supporter Custom	(monthly paym cannot extend	monthly ents must be	payments of \$ \$25 or higher ar ust 31, 2025.)	nd
Please enter your na	ame or message as you would	d like it to appear	on the partic	cipant's Honour	Roll
☐ I do not want my r		Cure website.		Tour de Cure. In	nclude participant name and
	number on all cheques.	Vour statement/-\	will road Tarr	r do Curo BC Ca	near Daymants commands
☐ Credit card	Single or monthly payments. Your statement(s) will read Tour de Cure BC Cancer. P mmediately upon the processing of this form by the donation office.				-
Card Number				CVV	Exp Visa Mastercard
Cardholder Name _		Cardholder Si	ignature		