



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? 927				off w	Please mail this form or drop off with your donation to this address:	
Tammy Luu Name		Participant number			150-	Cancer Foundation 686 W. Broadway Couver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON Y	OUR TAX RE	CEIPT	You	can also donate online at decure.ca	
E M						ach cheque must come vith its own donation form.	
First Name Company name (for Co	Last N	lame			• A	ll donations will be redited in Canadian	
Company name (for Co	or porate doriations only)				-	ollars. Il donations are 100% tax	
Mailing Address					d (i:	eductible, tax receiptable f you donate \$10 or more), on-refundable and non-	
City	Provir	nce	Postal Co	de		ansferable.	
Phone Number (manda	atory for credit card payments)				р	sk your company if they rovide matching gifts for onations.	
	ceipt by email) o receive emails from the BC est news and events, and fur			earch	BC C pleas	nore information about Cancer Foundation, se visit: Incerfoundation.com	
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 O	ver Time				
☐ \$1,500	Challenger	· · · · · · · · · · · · · · · · · · ·		payments of \$			
□ \$1,000	Champion		ments must be d beyond Augi	e \$25 or higher	and		
□ \$500	Catalyst	carinot exteri	a beyona nagi	ust 51, 2025.)			
□ \$250 □ \$	Supporter Custom						
	me or message as you would	d like it to appea	r on the parti	cipant's Honoi	ur Roll		
•	w the amount of my gift on the ame to appear on the Tour de		nour Roll.				
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS					
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheq	ues payable to	Tour de Cure.	Include particip	oant 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 _		Cardholder	Signature _				