



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? Denise Mann 963				Please mail this form or drop off with your donation to this address:	
Denise Mani	1	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	APPEAR ON YOU	R TAX RECEI	PT	You can also donate online at tourdecure.ca
 First Name					Each cheque must come with its own donation form.
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	Provin	ice	Postal Code		transferable.
Phone Number (manda	atory for credit card payments)				 Ask your company if they provide matching gifts for donations.
breakthroughs, lat	o receive emails from the BC test news and events, and fun EVEL OF DONATION	ndraising initiatives.		h	please visit: bccancerfoundation.com
 \$2,500 \$1,500 \$1,000 \$500 \$250 \$ 	Ambassador Ambassador Challenger Champion Catalyst Supporter Custom	Payments Over (monthly paymer cannot extend be	Time _ monthly payr ats must be \$25	or higher and	
Please enter your na	me or message as you would	d like it to appear or	the participa	nt's Honour Ro	ગી
☐ I do not want my n	w the amount of my gift on the lame to appear on the Tour de	Cure website.	r Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OPT	IONS			
☐ Personal Cheque	Single payment in full only. P number on all cheques.	lease make cheques	payable to Tou	ır de Cure. Incli	ude 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			CV	v	Exp Visa Mastercard
Cardholder Name _		Cardholder Sigr	nature		