



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? Dwayne Martin 981				Please mail this form or drop off with your donation to this address:
Dwayne Mar	un	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1
PLEASE PRINT CL	EARLY, AS YOU WISH IT T	O APPEAR ON Y	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
 First Name		NI.			• Each cheque must come with its own donation form.
First 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),
City	Prov	ince	Postal Cod	de	— non-refundable and non- transferable.
Phone Number (mandatory 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 fu EVEL OF DONATION	ındraising initiativ	es.	earch	BC Cancer Foundation, please visit: bccancerfoundation.com
_	nything you can give. Every	•			
<pre>□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250</pre>	Ambassador Challenger Champion Catalyst Supporter Custom		monthly	payments of \$ \$25 or higher a list 31, 2025.)	nd
Please enter your na	ime or message as you wou	ıld like it to appea	r on the partic	cipant's Honoui	Roll
•	w the amount of my gift on that ame to appear on the Tour d		nour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OP	PTIONS			
☐ Personal Cheque	Single payment in full only. number on all cheques.	Please make chec	ues payable to	Tour de Cure. Ir	nclude 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				CVV	Exp Visa Mastercard
Cardholder Name _		Cardholder	Signature _		