



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? Becky Martinez 983				Please mail this form or drop off with your donation to this address:	
Becky Martir	Participant number			BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO	O APPEAR ON Y	OUR TAX RE	CEIPT	You can also donate online at tourdecure.ca
Fig. 1.N.					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), non-refundable and non-
City	Provir	nce	Postal Co	de	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 fur EVEL OF DONATION	ndraising initiativ	es.	earch	please visit: bccancerfoundation.com
_	nything you can give. Every d				
<pre>□ \$2,500 □ \$1,500 □ \$1,000 □ \$500 □ \$250 □ \$</pre>	Ambassador Challenger Champion Catalyst Supporter Custom		monthly	payments of \$ \$25 or higher alust 31, 2025.)	nd
Please enter your na	nme or message as you woul	d like it to appea	ar on the parti	cipant's Honour	Roll
☐ I do not want my n	w the amount of my gift on the	e Cure website.	onour Roll.		
SELECT BETWEEN	I TWO EASY PAYMENT OP	TIONS			
☐ Personal Cheque	Single payment in full only. F number on all cheques.	Please make chec	jues payable to	Tour de Cure. Ir	clude 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 _		