



2025 TEAM DONATION FORM

Thank you for donating to Tour de Cure presented by Wheaton Precious Metals, benefiting BC Cancer Foundation.

TEAM NAME				Please mail this form or drop off with your donation to this address:	
				BC Cancer Foundation 150-686 W. Broadway Vancouver, BC V5Z 1G1	
PLEASE PRINT CL	EARLY, AS YOU WISH IT TO APF	PEAR ON YOUR TAX R	ECEIPT	You can also donate online at tourdecure.ca	
Fig. 1.N.				Each cheque must come with its own donation form.	
First Name Company name (for Co	Last Name			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	Province	Postal C	ode	transferable.	
Phone Number (manda	tory for credit card payments)			 Ask your company if they provide matching gifts for donations. 	
	o receive emails from the BC Cand test news and events, and fundrais		search	BC Cancer Foundation, please visit: bccancerfoundation.com	
	ything you can give. Every dollar	helps save more lives!			
□ \$1,000	☐ Custom Amount				
□ \$1,500 □ \$2,500	\$				
Please enter your na	me or message as you would like	it to appear on the part	icipant's Honour Rol	l	
	v the amount of my gift on the part ame to appear on the Tour de Cure				
SELECT BETWEEN	TWO EASY PAYMENT OPTION	S			
☐ Personal Cheque	Single payment in full only. Please number on all cheques.	make cheques payable t	o Tour de Cure. Includ	le 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				□ Visa □ Mastercard	
Cardholder Name _		Cardholder Signature		☐ Amex	





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TOTAL DONATION AMOUNT \$						
TEAM DONATION ALLOCATION Please designate the team member and donation amounts						
Donation Amount	First Name	Last Name	Participant number			