



DONATION FORM

The following information is needed in order to issue an official receipt for Income Tax purposes. Your donation is greatly appreciated.

COMPANY/ INDIVIDUAL NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

Postal Code \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

AMOUNT OF DONATION \_\_\_\_\_

If you would like to direct your donation, where would you like the money to be used (ie: youth, seniors, regional events, etc)? \_\_\_\_\_

If there is no direction, your generous donation will go into our general funds.

SIGNATURE OF DONOR \_\_\_\_\_

DATE \_\_\_\_\_

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PO Box 4397  
Vancouver, BC V6B 3Z8  
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OR 1 877 733 9688  
Fax: 604 733 0426  
BCCF @ BCChoralfed.com