## **Donor Contribution Declaration**

I am voluntarily and unconditionally donating the sum of \$	to the National Sport Trust Fund administered
by the Canadian Council of Provincial & Territorial Sport Federa	ations Inc. (CCP&TSF), to benefit the development of
amateur sport in Canada on a nation-wide basis. I understand sport cause of their choice; however my preference is that my of	
Organization / Club	(Project Name)

Consistent with the income tax interpretations of "qualifying donations", this contribution is made voluntarily without any conditions and no benefit will accrue to me (or related parties) as a result of my donation. I confirm that this donation does not or will not reduce any obligation, directly or indirectly that I (or related parties) have for "non qualifying" expenses such as membership, training, or program registration fees, travel expenses or other like expenses that I would normally be required to pay to the recipient sport organization or any related or affiliated body. I also understand that civil penalties can be imposed against me for the misrepresentations of tax matters. Based on these facts, I understand that an official receipt for tax purposes will be issued.

Please mail this form with your donation to: Canadian Council of Provincial & Territorial Sports Federations Inc. National Sport Trust Fund - British Columbia Chapter 260 - 3820 Cessna Drive Richmond, BC V7B 0A2

- Please make cheques payable to the National Sport Trust Fund
- Each cheque must come with its own donation form.
- · All donations are credited in Canadian dollars.
- Do not alter form. Doing so may cause a delay or return of the donation.
- Credit card payments commence immediately upon the processing of this form by the National Sport Trust Fund administrator.

Donor Information		
First Name:	Last Name:	
Address:		
City:	Postal Code:	
Telephone: ( )	Email:	
Donor Signature:	Date:	
Payment Information		
I wish to spread my donation over time: \$ over	months for a total donation of \$	
☐ Cheque Enclosed ☐ Visa ☐ MasterCard		
Credit Card Number:	Expiry Date: /	