



DONATION INFORMATION FORM

Please issue tax receipt to: (All donations over \$50 will receive an official tax receipt)

Name _____ Date _____
Address _____
Postal Code _____

I am making this donation (please check one) **IN HONOUR OF** **IN MEMORY OF**

Name _____
Occasion (if applicable) _____

Please send a card acknowledging this gift to:

Name _____
Address _____
Postal Code _____

Method of Payment:

Amount of Donation: \$ _____

Cash Cheque (payable to Nova Scotia Amateur Sport Fund)

Credit Card : Visa MasterCard

Credit Card Number: _____ Expiry: _____

Name on Card
(please print) _____

For publicity purposes, my name and the name of the individual or group I have chosen to honour, may be published on the Banook Canoe Club website. Please check one:

Yes No

For additional information, call (902) 464-1740

Donations accepted at the club or mail to:

**Banook Canoe Club
17 Banook Avenue
P.O. Box 36
Dartmouth, NS B2Y 3Y2**

Internal Use Only:

Official Tax Receipt #:

Staff Initials:



**CANADIAN COUNCIL OF PROVINCIAL & TERRITORIAL SPORT FEDERATIONS INC.
NATIONAL SPORT TRUST FUND – NOVA SCOTIA CHAPTER
5516 SPRING GARDEN RD., 4TH FLOOR
HALIFAX, NS
B3J 1G6**

I am voluntarily and unconditionally donating the sum of \$_____ to the National Sport Trust Fund administered by the Canadian Council of Provincial & Territorial Sport Federations Inc. (CCP&TSF), to benefit the development of amateur sport in Canada on a nation-wide basis. I understand that the CCP&TSF can direct my donation to an amateur sport cause of their choice; however my preference is that my gift be used to support the following cause:

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.

NAME OF DONOR: _____
FAXL NS HE QUES P (FIRST NAME) (INITIAL) (SURNAME)

ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **PCODE:** _____

EMAIL: _____

SIGNATURE OF DONOR

UONATION DATE

****PLEASE MAKE CHEQUES PAYABLE TO THE NATIONAL SPORT TRUST FUND.**

OFFICIAL TAX # - NDT AL O THE QUES

PROJECT #: _____