



## 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., 4<sup>TH</sup> 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 #:** \_\_\_\_\_