

Physical Activity - Recreation Development Donation Form



Please complete this form and mail it with your **cheque** to:

**Sport, Physical Activity and Recreation
Donation Fund Program
Suite 500, 10055 - 106 Street NW
Edmonton, AB T5J 1G3**

The amount of my unconditional donation/gift to the Donation Fund Program is

***Note:**

The minimum donation is \$50.00 and please ensure your cheque is made payable to the Government of Alberta.

Corporate Donor

This donation is made without any express or implicit conditions and without any rights, privileges or personal benefit accruing to the company as indicated below, its shareholders, or directors as a result of this donation.

Individual Donor

This donation is made without any express or implicit conditions and without any rights, privileges or personal benefit accruing to me or those related to me as a result of this donation. The only benefit I will receive, having met these conditions, is a charitable tax receipt.

This donation/contribution does not require a charitable tax receipt.

Without limiting the unconditional nature of my donation, I would suggest that support be provided to _____ programs in Alberta within the following sport, physical activity and recreation program(s). Please select at least one program below:

- | | | |
|---------------------|--|----------------------|
| Athlete Development | Officials Development | Facility Development |
| Coaches Development | Leadership/Volunteer Development | Event Support |
| | Physical Activity - Recreation Development | |

I understand that Ministry of Culture, Multiculturalism and Status of Women is in no way obligated to follow this suggestion. If it is determined at a later date the donation in some way violates Canada Revenue Agency's guidelines, the Ministry reserves the right to request the return of the official donation receipt.

Name of Donor

Signature

If required, I wish to receive my official tax receipt by Canada Post.

If required, I wish to receive my official tax receipt by email.

Mailing Address

City

Province

Postal Code

E-mail Address

Disclosure:

I agree to have the donor name and the fact that the donor provided this donation to the Ministry made public.

I wish this donation to remain anonymous and do not wish to have the donor name made public.

The personal information collected on this form required to administer the Donation Fund Program of the Ministry of Culture, Multiculturalism and Status of Women and will be used in the administration and maintenance of the records. The personal information is collected under the authority of section 33(c) of the FOIP Act and is protected by the privacy provisions of the Act. If you have any questions, please contact, Tim Bjornson at tim.bjornson@gov.ab.ca or 780-422-7108.