

Sport, Physical Activity and 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 the sport of Equestrian or to support equine livestock in Alberta through the Alberta Equestrian Federation within the following Sport, Physical Activity and Recreation program(s). Please select at least one program below:

- | | |
|--|---|
| <input type="checkbox"/> Athlete Development | <input type="checkbox"/> Leadership/Volunteer Development |
| <input type="checkbox"/> Coaches Development | <input type="checkbox"/> Facility Development |
| <input type="checkbox"/> Officials Development | <input type="checkbox"/> Event Support |
| | <input type="checkbox"/> Equine Livestock Support |

I understand that Sport, Physical Activity and Recreation Branch 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 rules, Sport, Physical Activity and Recreation Branch reserves the right to request the return of the charitable tax 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

AB

Province

Postal Code

Disclosure:

E-mail Address

- ☐ I agree to have the donor name and the fact that the donor provided this donation to Sport, Physical Activity and Recreation Branch made public.
- ☐ I wish this donation to remain anonymous and do not wish to have the donor name made public.