

Donor Contribution Declaration

I am voluntarily and unconditionally donating the sum of \$_____ to the BC Amateur Sport Fund, the BC chapter of the Canadian Council of Provincial & Territorial Sport Federations Inc. (CCPTSF), to benefit the development of amateur sport in Canada on a nation-wide basis. I understand that the CCPTSF 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:

 Organization / Club

 Project # or Name

Consistent with the income tax interpretations of “qualifying donations”, this contribution is made voluntarily without any conditions and no material 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 submit this form with your donation to:

BC Amateur Sport Fund
 250 – 999 Canada Place
 Vancouver, BC
 V6C 3C1

Or email a scanned copy to: bcasf@sportbc.com

- Please make cheques payable to the BC Amateur Sport Fund.
- All donations are credited in Canadian dollars.
- Credit card payments commence immediately upon the processing of this form by the Fund administrator.

Donor Information	
Company Name or First Name:	Last Name:
Address:	
City:	Postal Code:
Telephone:	Email:
Donor Signature:	Date:
<input type="checkbox"/> I allow BCASF to share my contact details with the project I am supporting so they may acknowledge my gift	
Payment Information	
I wish to spread my donation over time: \$_____ over _____ months for a total donation of \$_____	
Cheque Enclosed <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/>	
Credit Card Number:	Expiry Date: /