



FIELD HOCKEY CANADA DONATION FORM

Print Full Name of Donor: _____
(This name will appear on the Official Donation Receipt)

Complete Mailing Address: _____

City / Town: _____ Province: _____ Postal Code: _____

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I would like to donate to Field Hockey Canada to assist with its efforts to promote the sport of field hockey in Canada.

1. I am enclosing a cheque, bank draft or money order made payable to "Field Hockey Canada, in the amount of \$ _____.
2. I am requesting an Official Donation Receipt for tax purposes. YES NO
(NOTE: receipts will only be issued for donations of \$25CDN or more)
3. I request that my donation be used to support the following program:

<input type="checkbox"/> Men's National Team Program	<input type="checkbox"/> Women's National Team Program
<input type="checkbox"/> Men's Junior National Team Program	<input type="checkbox"/> Women's Junior National Team Program
<input type="checkbox"/> Men's Master National Program	<input type="checkbox"/> Women's Masters National Program
<input type="checkbox"/> Men's Indoor Program	<input type="checkbox"/> Women's Indoor Program
<input type="checkbox"/> Coaching Program	<input type="checkbox"/> Umpire and Officials Program

OR

I request that my donation be used for general programs and services in support of the activities with the greatest need.

I understand that:

1. Field Hockey Canada will do its best to fulfill my expressed wish regarding use of my donation.
2. Field Hockey Canada must, in accordance with Canada Revenue Agency (CRA) rules, retain sole and final discretion in its use.
3. Field Hockey Canada will issue Official Donation Receipts in accordance with the CRA guidelines in place at the time of issue.
4. Field Hockey Canada reserves the right to decline any donation.

Signature of Donor or Authorized Signatory of Company

Date

Office Use Only:

Date Received:

Date Donation Deposited:

Date Tax Receipt Issued:

Additional Information / Comments: