

## This form is required for all Donations In Alberta exceeding \$5,000.00; Out of Alberta, but within Canada exceeding \$5,000.00; or Out of Canada, exceeding \$1,000.00.

| Applicant (Donor Group)   |                       | AGLC ID#                        |                             |
|---|-----------------------|---------------------------------|-----------------------------|
| Street Address  |                       |                                 |                             |
| City/Town/Village   |                       | Postal Coc                      | le                          |
| President's Name (please print)   | President (signature) | Treasurer's Name (please print) | Treasurer (signature)       |
| <ul> <li>I,</li> <li>President OR Treasurer for</li> <li>1. I am the applicant for approximation</li> </ul> | or the Donor Group    | solemnly declare that:          | ŕ                           |
| Recipient   |                       |                                 | \$<br>Donation Amount<br>\$ |
| Recipient   |                       |                                 | Donation Amount             |

- 2. I am a duly gualified member of the donor group and as such, have knowledge of the matters deposed to.
- 3. The information furnished on the application for approval of a donation under the provisions of the Charitable Gaming Policies is accurate, complete, full and true to the best of my belief, information and knowledge.
- 4. The donor group or an individual member of the donor group, or a corporation, society, non-profit group, partnership, limited partnership or proprietorship that the donor group or an individual member of the donor group is related to, will not directly or indirectly receive funds, goods, services or any other item of value from the recipient group or from any individual member of the recipient group or intermediary in return for a donation of gaming proceeds.

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is the same force and effect as if made under oath.

Declared before me at

in the Province of Alberta, this

day of \_\_\_\_\_, \_\_\_\_,

Signature of President OR Treasurer

President **OR** Treasurer (print name)

Commissioner for Oaths

The personal information you are providing on this application is collected under the authority of the Gaming and Liquor Act, Gaming and Liquor Regulation, and section 33(c) of the *Freedom of Information and Protection of Privacy Act*. The information is strictly for the use of the Alberta Gaming and Liquor Commission (AGLC) for authorized purposes only including assessing your eligibility for a licence and the processing of your application in compliance with AGLC policy. The personal information you provide is managed according to Alberta's *Freedom of Information and Protection of Privacy Act* under which you have a right of access to your personal information. If you have any questions about the collection or use of this information, please contact: Regulatory Division Alberta Gaming and Liquor Commission, 50 Corriveau Avenue St. Albert, Alberta T8N 3T5 Telephone: 780/447-8600 Toll-free: 1-800-272-8876.

PROTECTED WHEN COMPLETED



## **GAMING PROCEEDS - RECIPIENT AGREEMENT**

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| Date:          |  |                            |         |  |
|----------------|--|----------------------------|---------|--|
| Donor Group:   |  | AGLC ID#:                  |         |  |
|                |  | Donation Amount: <u>\$</u> |         |  |
|                | To be completed by each recipient of a donation of gaming proceeds |                            |         |  |
| THE RECIPIENT, | (Organization Name)  | AGLC # (if applicable)     | -       |  |
|                |  |                            | , WILL: |  |
|                | (Address, Town/City, Postal Code)                                  |                            | -       |  |

- i) maintain a record of donations showing the date, amount and source of donated funds received as well as the date, amount and purpose of all disbursements of donated funds; and
- ii) allow Commission access to all records, including those at any financial institution and to make copies of such records and/or remove them for further examination.

Purpose of Funds: (details required)

Recipient - Executive (print name)

Recipient – Executive (signature)

Extension:

Title

Phone Number

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