

Appendix "C"

Money Donation Receipt Request

Donor has requested an official receipt for income tax purposes

Donor Information					
Name:					
Address:					
City:	Prov.:	Postal Code:			
Phone:					

Donation Information	
Date Received:	Donation Amount:
Method of Payment:	
Conditions (if any):	
Deposit Date:	Deposit Number:

The receiver verifies:

• the validity of the above information

Received by:		Date:		
, <u> </u>	(Print name)	(Signature)		
For Finance Use	Only			
Date Receipt Request Received:			Donation Accept	ed:
Date Receipt Issued:		Receipt Number:		
Comments:				
Finance Signatur	e:		Date:	