

Foundation Account Name \_\_\_\_\_

Initial Donation       Additional Donation       Third Party\* Contribution

**Section One DIRECTION OF THE DONATION**

I hereby give this donation absolutely to Canada Gives, a public foundation registered as a charity in Canada, as a gift to be distributed as follows:

\_\_\_\_\_ % to be used as an immediate gift for TODAY's needs and disbursed to registered charities before the end of the calendar year following the date of this donation.

\_\_\_\_\_ % to be used as an "Endowment Gift" to provide continuous funding for registered charities every year, and assist in meeting TOMORROW's needs.

Subject to this Direction of Donation, Canada Gives may apply for its charitable purposes such portion of the income, capital gains and original capital of the Endowment Gift or property substituted for it (whether realized or accrued) as is permitted by law from time to time.

It is understood that an Endowment Gift is intended to be a permanent fund and invested for a minimum of ten years. Notwithstanding that intention, upon my direction in writing and as permitted by and subject to the law from time to time, Canada Gives shall transfer all or part of the amount held in this Foundation account to another registered charity under the Income Tax Act (Canada) less the applicable administration fees charged by Canada Gives from time to time.

► Signature \_\_\_\_\_  
(Contributor's Signature) Date (dd/mm/yyyy)

*Please make cheque payable to "Canada Gives"  
And mail together with this donation form to:*

Canada Gives  
120 Adelaide St. West, #2500  
Toronto, Ontario M5H 1T1

**Section Two \*THIRD PARTY DONOR INFORMATION (if applicable)**

All information collected for third party donors is used for the purposes of informing the account holder, processing your donation and issuing an official donation receipt in compliance with Canada Revenue Agency policies.

Mr.     Mrs.     Miss     Ms.     Dr.     Corporation\*

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

( ) \_\_\_\_\_  
Phone Number \_\_\_\_\_ Citizenship \_\_\_\_\_ Residency \_\_\_\_\_

*Provide photocopy of Corporation Resolution and Articles of Incorporation*

VERIFIED AGAINST: (please provide a signed photocopy of any of the following)

Passport     Driver's License     Health Insurance Card    Number \_\_\_\_\_