

**Canadian Council of Provincial & Territorial Sport Federations Inc.  
National Sport Trust Fund – Manitoba Chapter  
145 Pacific Ave, Winnipeg, MB R3B 2Z6**

**Donor Contribution Declaration**

I am voluntarily and unconditionally donating the sum of \$\_\_\_\_\_ to the National Sport Trust Fund, a program 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:

**Manitoba Provincial Judo Sport Infrastructure Campaign**

This contribution is made voluntarily without any conditions. No 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 expenses such as a 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. Based on these facts, I understand that an official receipt for tax purposes will be issued.

Please submit your form to:

Canadian Council of Provincial & Territorial Sport Federations Inc.  
National Sport Trust Fund- Manitoba Chapter  
145 Pacific Avenue  
Winnipeg, MB R3B 2Z6

Please make cheque payable to the CCPTSF - MB.

- Each donation must have its own donation form.
- All donations are credited in Canadian dollars.
- In order to receive a tax receipt a valid mailing address must be provided even if you receive your tax receipt by email.
- Do not alter this form. Doing so may cause a delay or return of the donation.
- Credit card payments commence immediately upon the processing of this form by the National Sport Trust Fund Administrator

| Donor Information  |                       |
|--|-----------------------|
| First Name:  | Last Name:            |
| Address:   |                       |
| City:  | Postal Code           |
| Telephone: ( )   | Email:                |
| Donor Signature:   | Date:                 |
| Payment Information  |                       |
| I wish to spread my donation over time: \$ _____ over _____ months for a total donation of \$ _____        |                       |
| <input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard |                       |
| Credit Card Number _____   | Expiry Date: __/__/__ |

OFFICIAL TAX # - 88938 6868 RR0001

| Office Use Only                       |  |
|---------------------------------------|--|
| Donation to Project #: <b>MB20-01</b> | Organization/Club: Judo Manitoba                   |
| Date Approved:                        | Staff signature or Adjudication Committee Motion#: |