



Making a difference...together

SCHOONER WAY SCHOOL TRAIL PROJECT

DONATION FORM

Donor Information

NAME _____

ADDRESS _____ CITY _____

PROVINCE _____ POSTAL CODE _____ TELEPHONE _____

E-MAIL _____

Payment

Donation Amount \$ _____

- Donation Type Cheque (payable to the **Capital Regional District**)
 E-Transfer (SchoonerTrail@crd.bc.ca)

For payments via cheque, please mail completed form and cheque to:

Capital Regional District
Attention: Financial Services
625 Fisgard Street, PO Box 1000, Victoria, BC V8W 2S6

For payments via e-transfer, please e-mail completed form and proof of e-transfer to: SchoonerTrail@crd.bc.ca

Declaration

I certify that I have not received any compensation or consideration in exchange for my donation to the Capital Regional District.

Signature

Date

Freedom of Information and Protection of Privacy Act

The Capital Regional District is committed to protecting the personal information of our donors. Personal information collected by this form will be used/stored solely for the purpose of administering received donations, including, but not limited to issuing official donation receipts for tax purposes, reporting and donor acknowledgment, if applicable. These activities are permitted under sections 26(a), (c) and (d) of the Freedom of Information (FOI) and Protection of Privacy Act. Questions about this collection of your personal information can be directed to FOI, 625 Fisgard Street, Victoria, BC, V8W 1R7, 250.360.3000.

Donations may be eligible for deductible/tax credit, as permitted by the Canada Revenue Agency. This form must be submitted along with payment to the Capital Regional District to obtain proof of donation for tax purposes.