

# CRD Donation Acceptance Form

## Instructions:

Please complete all sections of this form in BLOCK CAPITALS. Once complete, return form to:

Capital Regional District  
c/o Financial Services  
PO Box 1000  
Victoria, BC, V8W 2S6

## Donor Information

Name: \_\_\_\_\_  
First Name Last Name

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Please Use This Donation For

- Parks  No Preference  
 Animal Shelter  Other (please specify) \_\_\_\_\_  
 Panorama Rec Centre  
 SEAPARC  
 SSI Parks and Rec

## Donation Amount

\*\*\*Gifts may be eligible for deduction/tax credit, as permitted by Canada Revenue Agency.

I am donating...	Amount	Appraised Value
Cash		
Debit		
Cheque		
Other *		

(payable to Capital Regional District)  
(provide description of proposed donation below)

### Donation Restrictions (if any)....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### \*Other\* includes:

- Capital, real or depreciable property (professional appraisal required)
- Personal-use property, works of art, jewellery, rare books, stamps or coins, etc. (professional appraisal required)
- Life insurance policy (professional valuation required)

Description of item being donated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Acknowledgement and Consent

### Donor Acknowledgement (if applicable)...

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

OR

I (we) wish to have our gift remain anonymous:

Check box if applicable

### Consent for Donor Recognition (if applicable)...

By providing the name(s) in the Donor Acknowledgement field of this form, I consent to the use of the name(s) to acknowledge my donation, in accordance with section 4.7 Donor Recognition of the CRD Charitable Donation Policy. This consent is effective until such time as my consent is revoked by me in writing to the CRD.

Signature of each named individual \_\_\_\_\_

### Tax Receipts...

I (we) wish to receive an official donation receipt for income tax purposes:

Check box if applicable

For information on all registered charities in Canada under the *Income Tax Act* please visit: Canada Revenue Agency [www.cra.gc.ca/charities](http://www.cra.gc.ca/charities)

## Declaration

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Freedom of Information and Protection of Privacy Act

The Capital Regional District (CRD) 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 and Protection of Privacy Act. Questions about this collection of your personal information can be directed to Sambo Eam, Manager, Financial Reporting, 625 Fisgard Street, Victoria, BC, V8W 1R7, 250-360-3120, [seam@crd.bc.ca](mailto:seam@crd.bc.ca).

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Internal CRD Use

## CRD Donations Policy Assessment Compliance

- Donation is unrestricted cash gift under \$1,000 (send signed form to Financial Services)
- All other Donations (send form and donation details to departments listed below, then submit signed form to Financial Services)

Financial Services

**Review Comments:**

Compliance with Donation Policy

Corporate Services - Legal

**Review Comments:**

Compliance with Donation Policy

Real Estate Services

**Review Comments:**

Compliance with Donation Policy

Risk Management

**Review Comments:**

Compliance with Donation Policy

CRD Donation Approver: \_\_\_\_\_  
First Name Last Name

CRD Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_