

GIFTS/DONATIONS TO STUDENTS/SCHOOLS APPLICATION FOR TAX RECEIPT



Date:	
This section to be comple	ed by the school:
1.0 DONOR	
Name of Individual/Firm/Ass	ciation:
Address:	PO Box: Postal Code:
Telephone:	Contact Person:
Email:	
2.0 DONATION (Indicate type of	donation by checking boxes provided):
	t: Cash Cheque (must be made out to Foundation For Education)
Date Received:	Purpose:
	on:
	Proof of Value attached
New	to meet requirements of the Income Tax Act as follows: tem: Provide copy of invoice or bill of sale which shows purchase price Item: Provide proof of fair market value by independent evaluator on their letterhead
(It is the responsibility of t	e donor or the receiving school to supply the evaluation)
Confirmation that this gift ha	been received by the school:
School Name:	Principal's Signature:
3.0 TRANSMITTAL AND RECO	GNITION:
Please specify level of reco	nition expected by donor:
Charitable Receipt	etter Only Anonymous (all donations are usually acknowledged in the Annual Report)
This section is to be co	npleted by the Administration at Foundation For Education:
4.0 AUTHORITY FOR TAX RE	EIPT
Amount Approved: \$	Executive Director Signature: Date:
5.0 RECEIPT ISSUED:	
Amount: \$	Receipt Number:
Date:	Signature (Accounting Dept.):

SEND COMPLETED FORM TO EDUCATION CENTRE ADDRESSED TO: Foundation For Education, Executive Director 62 Chalk St. N Seaforth ON N0K 1W0 T 1-800-592-5437 ext. 239 Email: info@foundationforeducation.ca