

Request to Donate Use of Proceeds Outside Alberta

Return this form to:Email: gaming.useofproceeds@aglc.ca

AGLC Use of Proceeds

50 Corriveau Avenue, St. Albert, Alberta T8N 3T5

Use of Proceeds Line: 780-651-7600 ext. 9

Toll-Free: 1-855-506-1066 ext. 9

Donations:

1. Outside Alberta, within Canada, over \$10,000
- OR
2. Outside Canada over \$5,000

A Request to Amend Use of Gaming Proceeds form is not required when submitting a Request to Donate Proceeds Outside Alberta form

Donations Outside Alberta, Within Canada

Limited to a maximum cumulative total of 75% of gaming proceeds earned the previous calendar year.

Eligible purposes include support for:

- disaster/emergency relief
- nationally recognized charitable programs that benefit Albertans
- medical and educational research programs that may benefit all Canadians

Subject to these uses, groups may make a total annual donation of \$10,000 or less to any eligible individual charity without prior AGLC approval. Retain a Recipient Agreement ([Form 5507](#)) but do not submit it to AGLC unless requested.

Submit these forms to AGLC for prior approval only for total annual donations over \$10,000:

- Request to Donate Proceeds Outside Alberta ([Form 5502](#))
- Recipient Agreement ([Form 5507](#)) signed by the recipient group

Donations Outside Canada

Limited to a maximum cumulative total of 50% of gaming proceeds earned the previous calendar year.

Eligible purposes include support for:

- Projects in countries that the Canadian federal government approves for international development
- Eligible projects include:
 - development of local self-sufficiency in the provision of basic human needs for water, food, sanitation, or shelter
 - provision of primary health care (acute care and public health) and basic education (reading, writing, and math)

Subject to these uses, groups may make a total annual donation of \$5,000 or less to any eligible individual charity outside Canada without prior AGLC approval. Retain a Recipient Agreement form but do not submit it to AGLC unless requested.

Submit these forms to AGLC for prior approval for total annual donations over \$5,000:

- Request to Donate Proceeds Outside Alberta ([Form 5502](#))
- Recipient Agreement ([Form 5507](#)) signed by the recipient group

Organization Information			
Name			ID#
Address	City/Town	Province	Postal Code

Authorization for Application – Volunteer Elected Executive			
The undersigned confirms a) they are authorized to make this application and b) all information on or related to this application is current and accurate.			
Volunteer Elected Executive Signature		Position Held	
Legal Last Name		Legal First Name	
Legal Middle Name	Preferred Name	Date of Birth (YY/MM/DD)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Mailing address	
City/Town	Province	Postal Code	
Contact Phone	Email		

This request is for: (identify one) <input type="checkbox"/> Donation outside Alberta, within Canada <input type="checkbox"/> Donation outside Canada

Net Gaming Revenue Earned in Previous Calendar Year	\$
Requested amount of donation from Gaming Revenue	\$

A group that is required by its by-laws or other authority to transfer its gaming proceeds to a head office or to a governing body located outside Alberta must obtain prior AGLC approval.	
If applicable, what percentage of transferred funds are allocated for charitable programs in Alberta?	%

Recipient Information (Group and Person Responsible for the Project)			
Group Name		Contact Person	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		

Recipient Group's Activities (Briefly describe the recipient group's activities, use additional sheets if necessary)

Movement of Funds List any other individual/group that may be responsible for the movement of funds before they reach their destination. Provide names/address and contact telephone number (use additional sheets if necessary).		
Name	Address	Contact Phone
Name	Address	Contact Phone
Name	Address	Contact Phone
Name	Address	Contact Phone

Project Information		
Project/Facility		
City/Town	Province	
Anticipated Start Date	Anticipated Completion Date:	Total Cost of Project: \$
Project Objectives:		

For Official Use Only
<input type="checkbox"/> Approved <input type="checkbox"/> Incomplete <input type="checkbox"/> Not Approved Comments/Conditions: _____ _____ _____