

Applicant (Donor Group)

AGLC ID#

Street Address

City/Town/Village

Postal Code

Executive #1 Name (please print)

Executive #1 (signature)

Executive #2 (please print)

Executive #2 (signature)

Recipient

\$

Donation Amount

1. I am a duly qualified member of the donor group and as such, have knowledge of the matters deposited to.
2. The information furnished on the application for approval of a donation under the provisions of the Charitable Gaming Policies is accurate, complete, full and true to the best of my belief, information and knowledge.
3. The donor group or an individual member of the donor group, or a corporation, society, non-profit group, partnership, limited partnership or proprietorship that the donor group or an individual member of the donor group is related to, will not directly or indirectly receive funds, goods, services or any other item of value from the recipient group or from any individual member of the recipient group or intermediary in return for a donation of gaming proceeds.

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is the same force and effect as if made under oath.

Declared before me at _____

in the Province of Alberta, this _____

day of _____,

Executive Signature

President **OR** Treasurer (print name)

Commissioner for Oaths

Return this form to:

Regulatory Services, Use of Proceeds
50 Corriveau Avenue, St. Albert, Alberta T8N 3T5
Use of Proceeds Line: 780-651-7600 ext. 3
Toll-Free: 1-855-506-1066 ext. 3 / Fax: 780-447-8911
Email: gaming.useofproceeds@aglc.ca