



BROKENHEAD RIVER COMMUNITY FOUNDATION
BOX 2225
BEAUSEJOUR, MANITOBA
ROE 0C0

Canada Revenue Agency Charity # 869509240RR001

Re: Receipt No. _____

Dear Donor,

Your gift to the Foundation is greatly appreciated. As a requirement of the Canada Revenue Agency, please complete the following form and return it in the enclosed stamped envelope.

I, _____, direct this gift in the amount of \$ _____ and any other gifts made in the future, unless otherwise directed by myself, to be held in perpetuity and intended for the following fund within the Brokenhead River Community Foundation:

- _____ Unrestricted General Community Fund
- _____ North East Health Authority – Beausejour Health Fund
- _____ Education Fund
- _____ Bursary Fund
- _____ Environmental Fund
- _____ Social Services Fund
- _____ Sports and Community Development Fund
- _____ Youth in Philanthropy Fund
- _____ Other _____

The names of donors and their gift amounts may be published. In accordance with the Privacy Act, please choose from the following:

- _____ I **allow** my name and donation to be published
- _____ I **do not** wish my name to be published

Signature of Donor: _____ Date: _____

Name (please print) _____

Address: _____ Postal Code _____

Telephone: _____ E-mail _____

Thank you