**REQUEST FOR CHARITABLE DONATION RECEIPT PURPOSES**

**FOR INCOME TAX**

This form must accompany gifts-in-kind, cash donations and expense claims from which a donation is made. All expenses must be verified as per relevant Council policy.

**Donation for which cost is known:**

Check donation type

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of donation: |  |  | Cash donation | |
| Total amount of donation on this form: |  |  | Expense claim from Girl Guides member volunteer | |
| Donation to (Area/district/fund /etc.) |  |  | Gift-in-kind (please attach documentation indicating value of donation, e.g. invoice/receipt, appraisal information, etc.) | |
| **Donation recipient’s address** ( If known) : | | | |

**Donor particulars:** (Required)

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address: |  | |
| Send Donation Receipt to Donor | | Send Donation Receipt with Donation cheque |

**Declaration for donations of Girl Guide member expense claims:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I, |  | | | direct that the funds to which I am entitled by way of | | |
| reimbursement for | |  | | | and would otherwise be forwarded to me by | |
| cash or cheque, be transferred to | | |  | | | as my gift. |

Please send charitable donation receipt(s) for income tax purposes for the above donor. The receipt will be forwarded to the Council/Unit for disbursement.

|  |  |
| --- | --- |
| **Claimant’s signature:** (Required) |  |