

NPP DONATION FORM

(For Internal Use Only)

Donee Information (NPP Organization receiving the donation)

Base/Wing/Unit: _____ **NPP Organization:** _____
Donation Restricted? Yes No **Activity/Program/Event:** _____
Authorized Agent Phone No. _____ **Authorized Agent Email:** _____

Donor Information: Full Name (Including Middle Initial) of the Individual or Full Title of the Organization

Name/Title: _____
Street Address: _____ **City:** _____
Province/Territory: _____ **Postal Code:** _____
Phone No. _____ **Email:** _____

Total Amount of Donation Received	Less: Amount of Advantage (e.g. meal or bar tickets)	Eligible Amount for Income Tax Purposes
Official Income Tax Receipt Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Acknowledgement Letter Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Date NPP Donation Received by NPP Org (dd/mm/yy)	
CF 602 (NPF Official Receipt Number)	

