



Application Form

Sport Organization: _____

Contact person: _____ Phone: _____ (r)

Email: _____ (b)

Address: _____

City/Town: _____ Postal Code: _____

Name of legacy program: _____

Program start date: _____

Program description: _____

(attach additional pages if necessary)

The proceeds from your legacy program will be used to support the following cause(s):

Projected amount of money to be raised annually: \$ _____

Types of gifts being solicited:

- Cash
- Gifts in kind (property, listed securities, etc.)
- Planned gifts (bequests, life insurance, annuities, remainder trusts, etc.)

I understand the Canadian Revenue Agency guidelines relative to charitable giving and the procedures of the Saskatchewan Branch of the National Sport Trust Fund and will ensure that these regulations are adhered to.

Signature of President

Date

- Please attach a letter of endorsement from your Provincial Sport Governing Body.**

Return to: Sport Legacy Fund – 1870 Lorne Street Regina, Saskatchewan S4P 2L7

For office use only:

Approved: _____ Approval #: _____ Authorization: _____