Purpose: To assist the Catholic Children’s Aid Foundation (CCAF) with issuing official tax receipts to the donors partaking in the annual Adopt-A-Family program, we kindly ask for your cooperation in reviewing the ensuing checklist before submitting your donation.

The following *Donation Submission Form* is complete with the following:

* Your full legal name.
* Your registered address.
* Phone number and/or email for contact purposes.
* Total donation amount before HST. HST is not tax receipt eligible.
* Original receipt detailing the purchase of the gift being donated.

Note: Photocopies of receipts will not be honoured. Please be sure to ask for a gift receipt from the vendor if you need to process an exchange.

Part A of the *Donation Submission Form* is to be filled out in detail for those that would like an official tax receipt to be issued. Please address the form to the Coordinator of the Adopt-A-Family program: CCAF.

Part B of the *Donation Submission Form* is for those that do require an official tax receipt. It is merely to help us track the donor contribution.

Upon providing the donation, please ensure to abide by the following:

1. Deliver the donation and this form together, but make sure that they are separate as in that the form is not in any packaging.
2. Verify that the *Donation Submission Form* is made out to CCAF.

Disclaimer: The Catholic Children’s Aid Foundation reserves the right to decline request for an official tax receipt if a purchase receipt is missing.

Instruction: Please fill out Part A or Part B as it applies to your situation and verify that you are submitting this form with your donation.

Donor Name:

Address:

Contact Details:

Part A – Donor would like for an official tax receipt to be issued and has enclosed the original purchase receipt alongside this form.

|  |  |
| --- | --- |
| **Vendor Name** | **Donation Amount before HST** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Donated Amount (No HST)** | $ |

Part B – Donor does not require an official tax receipt.

Total Amount Contributed:$

*For Office Use Only*

|  |  |
| --- | --- |
| Receipts Received: Yes No | Staff Signature:  |
| Donation Received: Yes No | Date:  |

Internal Case Filing Number: