

Riding Association :

Province:

Prepared By :

Phone Number:

The following information is required for statutory reporting.
Incomplete information will require that funds be remitted to the Receiver General.

Function

Description (including location and name of the function):

Date of the function:

Number of people at the function :

Total number of anonymous contributions received:

Total \$ value of anonymous contributions received: \$

Confirmation

To the best of my knowledge, no individual made a contribution that exceeded \$20.

To the best of my knowledge, only Canadian citizens or permanent residents contributed.

The funds were deposited directly into the association bank account.

Signature of remitter