



## 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: \_\_\_\_\_