



Donation Receipt Kinsmen Pickleball Courts

DON	OR PARTICULARS:			File No. 1770.20
Name:				
Mailing	Address:			
Telephone Number:			Email Address:	
Note:	This form issued by the City of Cranbrook is your receipt for the value of the donation. Normally this receipt is all that is required for your tax purposes. However, individuals or some businesses may prefer a Charitable Donation Tax Receipt.			
	Please check here if you would like the Charitable Donation Tax Receipt			
	\$ Donat	ion Amount		
prior to	o the City issuing a Charitable	Donation Tax Rec	eipt.	k and this Acknowledgement must be signed brook Pickleball Club upon request.
Name			Date	
(Print)	(Print) Name of City of Cranbrook staff receiving donation		Signature	
Pleas	se make cheques payable	to the <u>City of C</u>	<u>ranbrook</u>	
Return a copy of this form and payment to:			Cranbrook City Hall 40 – 10 th Avenue South Cranbrook, BC V1C 2M8	
Pleas	e call 250-489-0233 (City H	all) for additional	information.	
Protect		e used for tax purposes	. Should you have any q	er and is protected under the Freedom of Information and uestions about the collection of this personal information,
Office Use Only	Date Received:	Charitable I	Donation Receipt Yes No	Received by: (Initials)
Distri	ibution: Original: City of Cranbroo	k C	opy: Donor	Copy: Cranbrook Pickleball Club