CNCF Contribution Form

Please complete the following form to make additional contributions to an existing CNCF Giving Fund or Legacy Fund. For complete policies and fund information, read CNCF's Donor Advised Funds Policies and Guidelines at www.cncf.ca. If you need assistance, please call 1-866-336-3315 or email info@cncf.ca.

FUND NAME: _____

2. CONTRIBUTOR INFORMATION

This donation is from:

☐ The original donor ☐ A third-party contributor (if so, please complete the following section)

_____ _____
Contributor Name* Contributor Telephone and Email address

_____
Contributor Mailing Address

_____ _____ _____
City Province Postal Code

* A donation receipt will be issued by CNCF in the name of the contributor, unless otherwise indicated.

3. CONTRIBUTION INFORMATION

This contribution comes in the form of:

☐ A cheque made out to CNCF and attached ☐ A Transfer of publicly traded securities (a Transfer Form is attached)

☐ Other: please describe _____

3. ACKNOWLEDGEMENT AND CERTIFICATION

I hereby certify that my/our family(ies) will not receive any benefit or advantage, as described in the CNCF's Donor Advised Funds Policies and Guidelines, as a result of this contribution.

_____
Contributor Signature

_____
Date