

**REVELSTOKE COMMUNITY FOUNDATION
CONTRIBUTIONS TO THE ENDOWMENT FUND**

Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Amount of Contribution \$ _____

Name of Fund*: _____

In Memory of (*if applicable*) _____

Revenue Canada requires that donors indicate that they wish to have their contributions endowed with only the earnings being disbursed annually. Please read and sign the following:

I hereby direct that this gift and all future gifts I make to the Revelstoke Community Foundation Charitable Reg. No. 87160 7735 RR0001 be held for a period not less than 10 years. I understand that the constitution of the Foundation requires that donations to the capital fund be held in perpetuity.

Signature: _____

Date : _____

** If a fund name is not indicated the contribution will be added to the Community Fund*