



## Information Sheet for Project Gift Administration

Name of Project: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City/Province

Postal Code

Telephone: \_\_\_\_\_

Purpose of Fund: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

Initial Funds (to open account)

a) Amount \_\_\_\_\_ b) Received From \_\_\_\_\_

Persons authorized to request disbursements:

a) Name \_\_\_\_\_ Signature: \_\_\_\_\_

b) Name \_\_\_\_\_ Signature: \_\_\_\_\_

c) Name \_\_\_\_\_ Signature: \_\_\_\_\_

For details of the agreement between Parks Foundation Calgary and the Organization, refer to the Project Gift Administration Agreement and the Supplement to the Agreement.

Prepared by & Date: \_\_\_\_\_

Please submit to: *Parks Foundation, Calgary*  
225 - 13<sup>th</sup> Avenue SW  
Calgary, AB T2R 1N8