



The Canadian Foundation
for Animal Assisted Support Services

This form provides the information needed to establish a corporate
donor-advised Foundation Account with Canada Gives.

Corporate Foundation Account Application Form

Section One ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER*

Sole Proprietor Partnership Holdco Incorporation Other

(Please print full legal name of the Company)

Head Office Address

City Province Postal Code

() ()

Phone Number Fax Number

Place of Registration Business Number

Mailing address (if different from head office address)

**Provide photocopy of Corporation Resolution and Articles of Incorporation*

AUTHORIZED COMPANY REPRESENTATIVE

Mr. Mrs. Miss Ms. Dr. List attached

(Please print full name including initials)

Mailing Address: (if different than Account Holder)

City Province Postal Code

()

Phone Number Email Address

Title Social Insurance Number

Location (if different from head office address)

Signature(s) required for instructions

One More than One

Section Two FOUNDATION ACCOUNT INFORMATION

Name the Foundation Account e.g. ABC Company Foundation or The XYZ Company Foundation for the Environment etc.

Account Number (assigned by Canada Gives)

Section Three SELECTION OF CHARITIES

As listed below

List attached

List to follow at later date

Name of Canadian Registered Charity or Qualified Donee

Gift Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Your Privacy

All grants made to charities from the Account are accompanied by a letter indicating the gifts were made from the individual Account at Canada Gives. These grants may be disbursed with anonymity or with full disclosure of the account holder's name and address in the letter.

Recommended Grants from the Account

I/We acknowledge that the selected charities or qualified donees are approved by Canada Revenue Agency to the best of my/our knowledge. I/We further acknowledge that these recommendations are subject to final approval by the Board of Directors of Canada Gives and that Canada Gives will disburse the grants from this Account. I/We understand that we can change/add recommendations for grant recipients on this Account at any time in writing to Canada Gives. If no charity is selected, the Board of Directors of Canada Gives will grant the minimum annual disbursement required by law from the Account to a registered charity.

Section Four INVESTMENT MANAGEMENT INFORMATION

I/We understand that the Board of Directors of Canada Gives has the fiduciary obligation of managing the assets in the Foundation account. I/We understand that Canada Gives has the sole and final authority to select any investment managers or dealers, monitor their performance and change the asset allocation and investment management mandates as necessary and in compliance with all applicable laws.

Notwithstanding the above, where possible I/We would like our investment manager, dealer and/or adviser considered in the management of this account. I/We understand that our adviser may be compensated by the investment manager from the investment management fees, by mutual funds through investment management fees or by Canada Gives through brokerage commissions and that no deferred sales commissions will be permissible on the Foundation account.

Company _____ Phone Number (____) _____

Address _____

Contact/Adviser _____ Email Address _____

I/We would like my Adviser to receive a copy of my statement. Dealer/Rep. No. _____

Section Five SIGNATURE SECTION

Applicant Agreement

This application outlines the terms and conditions of opening a Foundation Account with Canada Gives. Donor information is collected at the time of completion of the application form for a Foundation Account and from time to time thereafter when you make additional gifts to the Foundation Account, make grant recommendations or otherwise communicate with us or our service providers on our behalf.

Canada Gives may use information to process your gifts, to establish, maintain and manage our relationship with you, including the set up and management of the Foundation Account(s) and maintenance of an accurate record of your involvement to provide you with information regarding the operations of Canada Gives; to verify your identity and to protect against fraud; to satisfy regulatory obligations and other legal requirements; and to create statistics about our operations and understand the current and future needs and preferences of donors. Canada Gives may also offer you opportunities for further giving.

Canada Gives will not provide confidential donor or corporate information to other persons unless you have consented; where the other parties are our service providers, suppliers or agents; and where we are required or permitted to do so by law.

I/We understand that any contribution to the Foundation Account at Canada Gives represents an irrevocable contribution and is not refundable to me/us for any reason. I/We hereby confirm that no individual or any family member of individuals working for the company will receive any benefit or advantage as a result of the making of the recommended grant(s).

I/We acknowledge that Canada Gives is not providing legal or tax advice and that we are encouraged to seek our own independent legal counsel and/or tax adviser.

I/We acknowledge that Canada Gives is a not-for-profit corporation and a registered charity in Canada. I/We acknowledge and accept that a minority of Board of Directors of Canada Gives may be paid employees or Officers of Canada Gives.

► Signature of authorized company representative _____ Date (mm/dd/yyyy) _____

► Joint Signature (if required) _____ Date (mm/dd/yyyy) _____

VERIFIED AGAINST: *(photocopy attached)*

Passport Driver's License Health Insurance Card

VERIFIED AGAINST: *(photocopy attached)*

Passport Driver's License Health Insurance Card

Number _____

Number _____

FOR OFFICE USE ONLY:

Confirmation Letter Sent _____
Date (dd/mm/yyyy)

Foundation Account Number _____

