



# HOST FIRST NATION STATUTORY DECLARATION FOR DONATION

Return this form to:

Regulatory Services  
50 Corriveau Avenue, St. Albert, Alberta T8N 3T5  
Toll-Free: 1-855-506-1066 / Fax: 780-447-7505

Applicant (Donor Group)

AGLC ID#

Street Address

City/Town/Village

Postal Code

President's Name (please print)

President (signature)

Treasurer's Name (please print)

Treasurer (signature)

I, \_\_\_\_\_ do solemnly declare that:  
*President OR Treasurer for the Donor Group*

1. I am the applicant for approval of a donation to:

_____ Recipient	\$ _____ Donation Amount
_____ Recipient	\$ _____ Donation Amount
_____ Recipient	\$ _____ Donation Amount
_____ Recipient	\$ _____ Donation Amount
_____ Recipient	\$ _____ Donation Amount

2. I am a duly qualified member of the donor group and as such, have knowledge of the matters deposited to.

3. The information furnished on the application for approval of a donation under the provisions of the Host First Nation Charitable Casino Policies Handbook is accurate, complete, full and true to the best of my belief, information and knowledge.

4. The donor group or an individual member of the donor group, or a corporation, society, non-profit group, partnership, limited partnership or proprietorship that the donor group or an individual member of the donor group is related to, will not directly or indirectly receive funds, goods, services or any other item of value from the recipient group or from any individual member of the recipient group or intermediary in return for a donation of gaming proceeds.

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is the same force and effect as if made under oath.

Declared before me at \_\_\_\_\_  
in the Province of Alberta, this \_\_\_\_\_  
day of \_\_\_\_\_,

\_\_\_\_\_  
Signature of President **OR** Treasurer

\_\_\_\_\_  
President **OR** Treasurer (print name)

\_\_\_\_\_  
Commissioner for Oaths

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of administration of all policies and processes relating to Host First Nation Charitable Gaming. Direct any questions about this collection to: AGLC FOIP Coordinator, 50 Corriveau Avenue, St. Albert, AB T8N 3T5 780-447-8600 or toll free at 1-800-272-8876.