Knights of Columbus (BC) Charity Foundation
A Charitable Society of the British Columbia & Yukon Knights of Columbus

## **COUNCIL VOUCHER CHARITABLE DISTRIBUTION - GAMING FUND REQUEST**

Please Type or Print The fields surrounded by RED rectangle must be filled. Note: P/C: Postal code	
*COUNCIL NAME:	*COUNCIL No.
GRAND KNIGHT	FINANCIAL SECRETARY
*Name:	*Name:
*Address:	*Address:
*City: *P/C:	*City: *P/C:
*Phone Number:	* Phone Number:
The above -mentioned council requests that an allocation of its Charity Appeal Trust Fund be made as follows:	
RECIPIENT INFORMATION	
Please ensure the proposed recipient of Gaming Funds is eligible by sending email to: gaming.licensing@gov.bc.ca	
*Name of Organization/Recipient:	
*Address: *City	//Prov: *Postal Code:
*Phone Number:	*Date of Submission:
*Do they have a Gaming Licence (Y/N)?	If "YES" - License #:
*Amount of Charitable Donation: \$	
PROJECT INFORMATION	
Please read the "Licensed Charitable Gaming rules" before completing this section. The link is available on our state website: www.kofcbc.org and found under the Members Area tab, Charity Appeal section.	
Ensure that the request is within the Gaming Policy and Enforcement Branch Guidelines and recipient meets the eligibility criteria	
Project Category:	
*USE OF FUNDS (specify below the specific purpose(s) for which the funds will be used)	
SIGNATURES OF APPLICANTS	
I certify that the recipient is eligible to receive gaming funds.	I certify that the recipient is eligible to receive gaming funds.
Grand Knight:	Financial
Grand Kriight.	Secretary:
ADMINISTRATOR - OFFICE USE ONLY	
Cheque No.	
Amount Paid: \$	
Date:	Administrator's Signature

Forward completed Form to the Office of the Foundation Administrator: 2807 Victoria Dr., Vancouver, BC V5N 4L5

All cheques will be forwarded to the Council's Financial Secretary for distribution. Councils are to ensure that the "Use of Proceeds Form" is appropriately completed, signed and returned to the Foundation Administrator for the Foundation record file.