



# CHARITABLE TAX RECEIPT INFORMATION FORM

## THEATRE BC ISSUES ALL TAX RECEIPTS

*Please Note: Tax Receipt Minimum is \$100.00 after advantages have been subtracted.*

Date Submitted: \_\_\_\_\_ Submitted by: \_\_\_\_\_ Zone: \_\_\_\_\_

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Full Name of Sponsor / Donor: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Contact Name for Sponsor: \_\_\_\_\_

**Cash Gift Amount:** \_\_\_\_\_

**Non-Cash Gift Amount:** \_\_\_\_\_ *Description:* \_\_\_\_\_

**Advantage Cost:** \_\_\_\_\_ *Description:* \_\_\_\_\_

Non-Cash Gift Receipts Attached?  Yes  No Appraisal Required?  Yes  No

Appraiser Name: \_\_\_\_\_ Address: \_\_\_\_\_

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Full Name of Sponsor / Donor: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Contact Name for Sponsor: \_\_\_\_\_

**Cash Gift Amount:** \_\_\_\_\_

**Non-Cash Gift Amount:** \_\_\_\_\_ *Description:* \_\_\_\_\_

**Advantage Cost:** \_\_\_\_\_ *Description:* \_\_\_\_\_

Non-Cash Gift Receipts Attached?  Yes  No Appraisal Required?  Yes  No

Appraiser Name: \_\_\_\_\_ Address: \_\_\_\_\_

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Full Name of Sponsor / Donor: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Contact Name for Sponsor: \_\_\_\_\_

**Cash Gift Amount:** \_\_\_\_\_

**Non-Cash Gift Amount:** \_\_\_\_\_ *Description:* \_\_\_\_\_

**Advantage Cost:** \_\_\_\_\_ *Description:* \_\_\_\_\_

Non-Cash Gift Receipts Attached?  Yes  No Appraisal Required?  Yes  No

Appraiser Name: \_\_\_\_\_ Address: \_\_\_\_\_

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*If you have any questions regarding this form, or about Charity Tax Receipts please contact the Theatre BC Office  
Toll Free: 1-888-202-2913*