

Date: _____

Tricia Cummings
Tides Canada Foundation
400-163 Hastings Street W.
Vancouver, BC V6B 1H5

Dear Tricia,
Attached you will find a gift in the amount of \$ **CDN Funds** (minimum \$1,000) to be directed to your International Development Fund for your Cross-Border Service. I wish to request that Tides Canada Foundation make a grant recommendation to Tides Foundation, in San Francisco, in favour of:

Name of Charity: El Porvenir

Charity Address: PO Box 12547, Denver, CO 80212

Charitable Number: 68-0230597

Name of Contact at Charity: Jenna Saldaña

Email address and phone number for Contact: info@elporvenir.org, 303-861-1499

Purpose/Designation:

Recognition (anonymous or by name):

Please send grant by: cheque _____ *wire (banking instructions attached) _____

***bank wire fees will apply and will be deducted from grant amount**

I certify that this recommendation is not intended to be used to satisfy a personal economic obligation or pledge made by the Donor, a Relative of any of the donor, or a Controlled Entity. I further certify that it is not intended to be used to make any loans, pay compensation, reimburse expenses, make any similar payments, or result in more than an incidental benefit to the Donor, any Relative of the Donor or any Controlled Entity. (Examples of grants that result in more than an incidental benefit include, but are not limited to, grants to purchase tickets for, or tables at, charitable events, and grants for membership in certain organizations.)

Should Tides Canada decide to make a grant recommendation according to my request, I understand that for administrative purposes, Tides Canada will retain an overhead allocation of 7% of my gift and that Tides Foundation will retain grant fees according to their policy. The remainder will be available for grant disbursement.

Thank you for considering this request.

Sincerely,

Donor Name

Donor Address City Province Postal Code

Donor Telephone Email

Enclosed is a cheque payable to **Tides Canada Foundation**

Note: Cheques without Tides Canada Foundation in the payee line will be returned for re-issue.

OR

Please charge my: Visa / MasterCard / American Express

\$ _____ **CDN Funds** One-Time Donation.

_____/_____/_____ (month/year)

Card # Expiry Date

Name as it appears on Card Signature of Cardholder

Unless otherwise selected, gifts will be recognized with the Name given in Donor Information below.

I would like my gift to be "Anonymous"

Please recognize my gift as from

Donor Signature: _____

Please send completed forms to by fax to 1-866-780-6611 or by mail to:

Tides Canada Foundation, 400-163 Hastings Street W., Vancouver, BC V6B 1H5

Tides Canada Foundation is a registered charity, BN: 86894 7797 RR000.