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## REPORT TO MUNICIPALITY Charity Utilization of OLG Bingo Gaming Proceeds

	Permit #:
Period: _____ To: _____	No. of # of Charity Assignments : _____

Charitable Organization:		
Address:	Municipality:	Postal Code:
Bingo Centre Supported:	Bingo Centre Address:	

### Revenue Received from Bingo Center Participation

\$	Date:
\$	Date:
\$	Date:
\$	Date:
\$	Date:
\$	Date:
\$	Date:
Total: \$	

### Details of Use of Proceeds

Paid To	Purpose	Amount	Cheque No.	Receipt Incl.
Total: \$	This total includes total from page two if applicable.			

• see page 2 for additional expense items

<input checked="" type="checkbox"/> Required Attachments	<input type="checkbox"/> Changes to any information required to be on file with the Municipality.
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We, as the signing officers of the above organization, certify that the above information is full and correct and that our organization has fulfilled its bona fide member obligations to the Bingo Centre Charity Association operating at the premises listed above.

First Signing Officer:	Second Signing Officer: (where required by municipality)
Signature(s): _____	_____
Print Name in Full: _____	_____
Position: _____	_____
Telephone Number(s) _____	_____
Date(s) of Signing: _____	_____

