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## MONTHLY REPORT TO MUNICIPALITY

Charity Utilization of OLG Charitable Gaming Proceeds

	<b>PERMIT #:</b>
<b>Month Reported:</b>	<b>Year:</b>
<b>Number of Assignments :</b>	

<b>Charitable Organization:</b>		
<b>Address:</b>	<b>Municipality:</b>	<b>Postal Code:</b>
<b>Charitable Gaming Centre Supported:</b>		<b>Charitable Gaming Centre Address:</b>

<b>(A) Previous Period Closing Balance (Item "E" from last report):</b>				<b>\$</b>
Revenue Received from CGC Participation	Date:	\$		
Interest	Date:	\$		
<b>(B) Total Revenue Received:</b>				<b>\$</b>
Administration Expenses (e.g. Bank Fees)	Description:	\$		
	Description:	\$		
	Description:	\$		
	Description:	\$		
<b>(C) Total Administrative Expenses:</b>				<b>\$</b>
<b>Use of Proceeds Paid To</b>	<b>Chq#</b>	<b>Purpose</b>	<b>Amount</b>	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
<b>(D) Total Use of Proceeds Expenses:</b>				<b>\$</b>
<b>(E) Closing Balance as of this Report (A+B-C-D) (closing bank balance) :</b>				<b>\$</b>

Receipt Included - Check Box

**Other Comments:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Required Attachments</b> | <input checked="" type="checkbox"/> Photocopies of Bank Statements, invoices/receipts (as appropriate) & cancelled cheques (front and back) for the month covered by this report.<br><input checked="" type="checkbox"/> Changes to any information that is required to be on file with the Municipality. |
|---|---|

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 Charitable Gaming Centre Association operating at the premises listed above.

	<b>First Designated Bona Fide Member or Signing Officer:</b>	<b>Second Designated Bona Fide Member or Signing Officer:</b>
Signature(s):	_____	_____
Print Name in Full:	_____	_____
Position:	_____	_____
Business Telephone Number(s):	_____	_____
Email Address:	_____	_____
Date(s) of signing:	_____	_____