



# Restrictive Covenants Protection Fund CONTRIBUTION FORM

Contributor 1 Surname/First Name:	
Phone/type (work/home/cell):	
Email:	
Contributor 2 Surname/First Name:	
Phone/type (work/home/cell):	
Email:	
Street Address:	
Postal Code:	

Amount of contribution to the Mayfair Bel-Aire Community Association (the “**Association**”) Restrictive Covenants Protection Fund (the “**Fund**”):

\$250.00  
 \$500.00  
 \$1,000.00  
 Other: \$ \_\_\_\_\_

Method of Payment:

**CHEQUE**

- ✓ Please make cheque payable to "Mayfair Bel-Aire Community Association"
- ✓ Please mail this completed form and cheque to MBCA RC Protection Fund 67 Maryland Place SW, Calgary AB T2V 2E6, or drop off completed form and cheque into the secure (locked) mailbox at that address

**E-TRANSFER**

- ✓ Send e-transfer to [Legalfund@mayfairbelaire.ca](mailto:Legalfund@mayfairbelaire.ca)
- ✓ Send this completed form by email to [Legalfund@mayfairbelaire.ca](mailto:Legalfund@mayfairbelaire.ca)

Each Contributor understands and agrees that:

1. Submission of cheque or issuance of e-transfer constitutes agreement to the following items.
2. All contributions to the Fund are, in all cases, non-refundable.
3. Contributions to the Fund are not eligible for any charitable contribution tax receipt.
4. Contributions to the Fund will be held and expended pursuant to the approved Terms of Reference.
5. The Association may communicate with each Contributor about Fund-related matters.

Contributors consent to our names being disclosed on the Association’s website as Contributors to the Fund.

**Thank you for your contribution!**