

[ON LETTERHEAD OF DONOR]

Dated: _____, 2004

Aboriginal Peoples Television Network
2nd Floor, 339 Portage Avenue
Winnipeg, MB R3B 2C3

Attention: _____

Dear Sirs:

Re: Donation to APTN

We are very pleased to make a donation of \$ _____ to Aboriginal Peoples Television Network (APTN). The following represent our wishes with respect to our donation.

Payment

We are enclosing our cheque to APTN in the amount of \$ _____ representing payment in full.

OR

We will paying our donation in the following installments:

(installment and payment dates here)

Purpose of Donation

We understand that you have made, or are making arrangements with THAT GUY PRODUCTIONS (name of production company) to fund, or assist in funding the production of POSTCARDS FROM THE REZ (name of production) and that funding this production will be consistent with your mission of promoting the development aboriginal television, film and media productions in Canada.

We would like our donation to be applied towards that production. In doing so, we recognize that:

1. you reserve the right to fund the production from other sources of funds and, to that extent, we understand you may apply our donation to other charitable purposes within your mandate.

2. if you decide not to proceed with the production, or to terminate or change the terms of your relationship with the producer, we understand you may apply the donation to other charitable purposes within your mandate.
3. we understand you may use a portion of the donation to cover costs relating to this donation, as well as contractual and other arrangements relating to the production.

Funding of Production

We understand that you will decide the basis upon which the production is funded. This may include, for example, license fees, co-ownership or some other financial arrangement.

Please acknowledge receipt of this letter by signing the acknowledgement below and returning one copy to us.

Yours sincerely,

(name of Donor)

(signature of Donor)

ACKNOWLEDGED this ____ day of _____, 200__.

ABORIGINAL PEOPLES TELEVISION NETWORK

Per: _____
Its authorized signatory