



# Charitable Donation of Securities In-Kind

Please also FAX or email a copy of this completed form to HRH Foundation Fax #: 416-242-1029 or to pzita@hrh.ca

Please complete this form as authorization to Humber River Hospital Foundation to facilitate a timely transfer. Please ensure a copy of any necessary supporting documentation is attached, such as Power of Attorney if applicable. If delivering physical certificates, please attach a copy of this form with the physical certificates.

Please transfer the following securities:

DESCRIPTION: \_\_\_\_\_

QUANTITY: \_\_\_\_\_ MARKET PRICE PER SHARE: \_\_\_\_\_ MARKET VALUE: \_\_\_\_\_

RECEIVE FREE:  Electronic  Physical CUSIP: \_\_\_\_\_

### Delivering Institution Information

Institution Name: \_\_\_\_\_

DTC #: \_\_\_\_\_ CUID #: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Receiving Institution Information

Institution Name: Credential Securities Inc. c/o CC&L Private Cap

DTC #: 5083 CUID #: CRED

Account Name: Humber River Hospital Foundation

Account Number: **CAD:** 507463 A1 / **USD:** 507463 B1

Contact Name: Marco Lo (CC&L Private Capital)

Contact Phone Number: 416-304-6846

E-mail: FraserClientServices@cclgroup.com

### Donor Information

All information collected for donors is used for the purposes of informing the account holder, processing your donation and issuing an official donation receipt in compliance with Canada Revenue Agency policies.

Mr.  Mrs.  Miss  Ms.  Dr.  Corporation

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

I understand that I will receive a tax receipt from HRH Foundation for the closing price based on the date that the securities are received in the HRH Foundation account, These securities have been donated to HRH Foundation without any restrictions and will be sold immediately as per HRH Foundation investment policy.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_