



## Share Donation Transfer Form

### Donor Information:

Donor Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Details of Donated Shares:

Description of Shares: \_\_\_\_\_

CUSIP Number: \_\_\_\_\_ # of Shares: \_\_\_\_\_

### Delivering Institution:

Institution Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

FINS or DTC #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Foundation Receiving Institution:

**Institution Name: BMO Nesbitt Burns Inc.**

**Account Name: Lady Minto Hospital Foundation**

**Contact Name: Sandee Kent**

**E-mail: sandee.kent@nbpcd.com**

**Phone Number: 250 537-1654**

**Fax Number: 250 537-4896**

### Lady Minto Hospital Foundation contact:

Contact Name: Sarah Bragg

E-mail: sarah.bragg@viha.ca

Phone Number: 250-538-4845

### Authorization:

I confirm that I have assigned ownership of my shares to Lady Minto Hospital Foundation. I understand that upon receipt, the donated shares will be valued at their closing price as of the date of the donation and a tax receipt will be issued for this amount, in accordance with Canada Revenue Agency's tax receipting guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please submit the completed form by email or fax to Sandee Kent at BMO Nesbitt Burns, in addition to Lady Minto Hospital Foundation**