



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: Lady Minto Hospital Foundation Acct. 810 171 4619

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 this form completed by email or fax to Sandee Kent at BMO Nesbitt Burns in addition to Lady Minto Hospital Foundation**