



# Lady Minto Hospital Foundation

## SHARE DONATION TRANSFER FORM

### DONOR INFORMATION

Donor Name: [PLEASE PRINT] \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### DETAILS OF DONATED SHARES

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

CUSIP number: \_\_\_\_\_ # of Shares: \_\_\_\_\_

### DELIVERING INSTITUTION

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

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

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

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

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 Email: sandee.kent@nbpcd.com

Phone Number: (250) 537-1654 Fax Number: (250) 537-4896

### LADY MINTO HOSPITAL FOUNDATION CONTACT:

Contact Name: Roberta Martell

Phone Number: (250) 538-4845

E-mail: roberta.martell@ladymintofoundation.com

### 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