



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: Brenda McEachern

Phone Number: (604) 603-5987

E-mail: brenda.meachern@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