

DONATION OF SECURITIES FORM

Mr. Mrs. Mr. & Mrs. Ms. Dr.

First Name:

Last Name:

Company Name:

Address:

City:

Province:

Country:

Postal Code:

Phone:

Fax:

E-mail: Country:

Description of securities:

of Shares:

Gift to be used for:

Estimated Value:

Tax Receipt issued to:

Donor's Broker Information:

Brokerage Firm:

Broker Contact Name:

Telephone:

Fax:

E-mail:

AUTHORIZED BY:

DATE:

DONATION TO BE TRANSFER TO:

CIBC World Markets Inc.
Account Transfer Department
BCE Place, 161 Bay St.
10th Floor Toronto, ON
M5J 2S8

DELIVERY INSTRUCTIONS:

CUID WGDB5030
DTC# 5030
Dealer# 9280
Account Name: St. Michael's Hospital Foundation
Account Number: 416-03212-14

CONTACT INFORMATION:

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Imtiaz Gulamoidin
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PLEASE

FAX TO :

St. Michael's Foundation
30 Bond Street
Toronto, ON, M5B 1W8
P: (416) 864-5000
F: (416)-864-5352

EMAIL TO:

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Reuben Ellis | Senior Finance Officer
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Charitable Registration #122963663RR0001

