

# 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: \_\_\_\_\_

Description of securities: \_\_\_\_\_ # of Shares: \_\_\_\_\_

Gift to be used for: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Tax Receipt issued to: \_\_\_\_\_

## Donor's Broker Information:

Brokerage Firm: \_\_\_\_\_

Brokerage Account Number: \_\_\_\_\_

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

Charitable Registration #122963663RR0001

## CONTACT INFORMATION:

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## PLEASE FAX TO :

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Toronto, ON, M5B 1W8  
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## PLEASE EMAIL TO :

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