

In order to initiate your stock transfer please:

- 1) **Complete this form**
- 2) **Send a copy to your Broker**
- 3) **Send a copy to Southlake Regional Health Centre Foundation**

Note that your broker will be able to provide some of the required information, such as CUSIP.

Unexpected and/or unidentifiable transfers may make it difficult for the Foundation to issue the appropriate tax receipt. Please contact the Finance & Corporate Services Department at 905-836-7333 ext. 5100 with any questions about the gift of securities transfer process.

All donated securities are sold upon receipt. The net proceeds from our sale of your donated securities will be the amount of your gift and will be directed to the fund you designate.

*The value of your receipt will be determined by the **closing price** on the day that the Foundation receives the shares into our account.*

*Your broker may contact:
Andrew Helfich at BMO Nesbitt Burns (437) 221-7174 with any questions.*

**Southlake Regional
Health Centre Foundation**

102-581 Davis Drive
Newmarket ON L3Y 2P6
T: 905-836-7333 F: 905-836-5651
Toll Free: 1-877-457-2036
www.southlake.ca

Charitable Business #
13179 7540 RR0001

*A copy of this letter should be sent to
Southlake Regional Health Centre Foundation
Attention: Finance & Corporate Services
via e-mail attachment to Securities.Foundation@Southlake.ca
or fax to 905-836-5651.*

Donor Information for receipting purposes *(Please Print)*

Name _____

Address _____

City _____ Telephone _____

E-mail _____

Gift Designation Southlake Regional Health Centre Foundation
Critical Needs (default)

Other: _____

Donor wishes to remain anonymous Yes: _____ No: _____

Donor's Broker _____

Broker Phone _____

Broker E-mail _____

Transfer from: Client Account # _____

Account Name _____

Securities to be donated: Company Name _____

of shares _____ Stock Symbol _____ CUSIP# _____

I hereby give authority to immediately deliver these securities to
BMO Nesbitt Burns: FINS: T009 / CUIDS: NTDI / DTC: 5043
Dealer-Rep: 9185-BHP

For credit to: Southlake Regional Health Centre Foundation
account # 656-01562-15

I authorize the Southlake Regional Health Centre Foundation or its agent
to contact my broker for purposes of concluding this transaction.

Donor Signature _____ Date _____

Witness Signature _____ Date _____