

## **GIFT OF SECURITIES**

## TRANSFER AUTHORIZATION FORM

1. DONOR IN	NFORMATION			
Name:				
Address:				
	BROKER INFORMATIO			
Institution Nar	ne:			
rnone.				
Name of Secu	rity:			
# Of Units:				
Account No.: _	of Foob Unity &			
Approx. Value of Each Unit: \$Approx. Total Value of Donation: \$  Date of Transfer to LHSF's Account:				
				ACCOUNT
Branch:	anch: 1900-148 Fullarton Street, London, ON N6A 5P3			
Phone:	519.675.6855	Fax: 519.675.2020		
Account No.:	641-34403-1-1	CDS Participa	nt (FINS) #: T002	
Dealer No. (mu	utual fund transfers):	9190	Rep Code: NPH	
DTC #:	5002		CUID: DOMA	
4. DONOR AU	JTHORIZATION			
Donor Signature	)	Date		
 Donor Signature	÷	Date		

## **INSTRUCTIONS**

- Complete this Gift of Securities Transfer Authorization Form. Your broker can assist you.
- Contact Us your broker will advise us of the securities donation and we'll provide our broker's information and clarify any questions. Kerry Bruce: 519.685.8500 ext. 52466
- Authorization simply sign to authorize the transfer of securities to London Health Sciences Foundation (LHSF). Your broker must initiate the transfer to our account.
- 4. **Scan** have your broker scan the information to: FoundationFinance@lhsc.on.ca
- 5. Scan have your broker scan the information to RBC: Vann Robson at vann.robson@rbc.com
- 6. Confirmation Once the security is received in our account, LHSF will confirm with you. The value of the charitable receipt is determined by the closing price on the day LHSF receives the securities into our account.

Due to the cost of processing securities trades, we respectfully request a minimum Fair Market Value donation of \$1,000.

