



GRACE HOSPITAL  
FOUNDATION



# SECURITIES TRANSFER FORM

Please complete this form and forward it to your broker or financial institution for them to initiate the transfer. Please advise the Grace Hospital Foundation of your donation and provide us with a copy of this form.

## Donor Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Delivering Institution Information

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

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

## Details of Securities Being Transferred

Name of Security: \_\_\_\_\_ # of Shares: \_\_\_\_\_

Approx. Value per Share (\$): \_\_\_\_\_ Approx. Total Donation (\$): \_\_\_\_\_

This form serves as authorization to transfer the above-listed securities to the account of the Grace Hospital Foundation. I acknowledge that I will receive a charitable tax receipt based on the closing price of the securities on the date they are transferred into the Grace Hospital Foundation's account.

I confirm that these securities are donated without restriction, and Grace Hospital Foundation has the right to sell them at its discretion.

**Donor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Delivery Instructions

FINS#: T079	DTC#: 5030	CUID: WGDB	EUROCLEAR#: 9347	ABA#: 021000018
DEALER#: 9280	REP CODE: LQQ	ACCOUNT#: 710-02020-14	FEDWIRE: BK OF NYC/WGI	

## Receiving Institution:

CIBC Wood Gundy  
1000 – One Lombard Place  
Winnipeg, MB R3B 3N9  
Phone: 204-946-9806  
Email: [Shannon.hildebrand@cibc.com](mailto:Shannon.hildebrand@cibc.com)