



GRACE HOSPITAL  
FOUNDATION



# SECURITIES TRANSFER 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 Value (\$): \_\_\_\_\_

This form authorizes the transfer of the above securities to the Grace Hospital Foundation. A charitable tax receipt will be issued based on the closing market value on the date the securities are received.

I confirm that these securities are donated without restriction and that Grace Hospital Foundation may sell them at their 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)