



COMOX VALLEY HEALTHCARE FOUNDATION

CHARITABLE DONATION OF SECURITIES IN KIND

Please complete this form as Authorization to facilitate a timely transfer. Transfer requests that do not contain the information requested herein may result in delayed deliveries.

Please fax or email the completed signed form to the Comox Valley Healthcare Foundation @ **250-331-5957** extension 65569

The Original should be given to the donor's broker.

Attn: Colt Long

Colt@cvhealthcarefoundation.com

Please transfer the follow position:

Name of Stock: _____

Total # of shares to transfer: _____ CUSIP: _____

Delivering Institution Information (Required):

Delivering Institution Name: _____

Account Name: _____

Delivering Institution FINS or DTC: _____

Account #: _____ Dealer# (4digits): _____

Contact Name: _____ Phone#: _____

Receiving Institution Information (Required):

Receiving Institution Name: RBC Dominion Securities

Account Name: Comox Valley Healthcare Foundation

Receiving Institution FINS: T002 RBC Dealer #: WEB/9190

Account #: 857-15472-1-8

Contact Name: Lara Austin/Philip Shute Phone #: 250-334-5616

Additional Information: Please indicate the allocation of the gift to the foundation:

Donor Authorization:

Donor Signature: _____

Date: _____

Phone: _____

Privacy Statement: The Comox Valley Healthcare Foundation protects your personal information and adheres to all legislative requirements with respect to protecting your privacy.