



# 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 can result in delayed deliveries.

Please fax or email the completed signed form to the Comox Valley Healthcare Foundation @ **250-331-5957**. **Attn: Rhonda Stevens or Avry Janes, info@cvhealthcarefoundation.com**. The Original should be given to your broker.

### 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 CUID 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: CUID: DOMA DTC: 5002

Account #: 857-15472-1-8 Dealer # 9190 REP# WEB

Contact Name: Lara Austin/Phil Shute Phone #: 250-334-5604

### Donor Contact Information (For charitable tax receipt, please include mailing address):

\_\_\_\_\_  
\_\_\_\_\_

### 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.