

## CHARITABLE GIFT OF MUTUAL FUNDS OR SECURITIES

Please complete this form and forward to your broker/custodian/investment representative/financial institution for processing. All transfers must be initiated by the delivering institution.

Please send a copy by email to Brittany Roelen, Director of Finance & Administration (Brittany.roelen@islandhealth.ca) so that we may notify our custodian of the impending transfer and have all the required information to issue a text receipt.

Client/Donor Information:		
Name:		Telephone:
Address:		Cell:
City:	Province:	Postal Code:
Gift Designation: Greatest Needs		
I want my tax receipt: Mailed	Emailed	Email Address:
<b>Delivering Institution Information:</b>		
Delivering Institution Name:		Client/Donor Account #:
CUID code (if applicable)		Date of Transfer:
Contact/Broker Name:		Contact/Broker Phone:
Please transfer the following position	on:	
Description (1): Quantity:		CUSIP/ISIN:
Description (2):		
Quantity:		CUSIP/ISIN:
Signature of Client:	Name	: Date:
Receiving Institution Information		

Account Name: Nanaimo & District Hospital Foundation TD Wealth Charity Registration Number: 119050672RR001 3500 Steeles Ave E

Account Number: 7J8669A Tower 2, 2nd Floor

**CUID: GIST** Euroclear#99123 DTC: 5036 Markham, ON L3R 0X1

Dealer/Rep Code: 9834/XSCC Fax Number: 1-877-639-4547