



NANAIMO &
DISTRICT
HOSPITAL
FOUNDATION



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 Nikola Gasic, CFA, BBA (nikola.gasic@td.com) and Brittany Roelen, Director of Finance & Administration (Brittany.roelen@islandhealth.ca) to notify our custodian of the impending transfer and have all the required information to issue a tax receipt.

Client/Donor Information:

Name: _____ Telephone: _____
Address: _____ Cell: _____
City: _____ Province: _____ Postal Code: _____
Gift Designation: _____

I want my tax receipt: Mailed Emailed Email Address: _____

Delivering Institution Information:

Delivering Institution Name: _____ Client/Donor Account #: _____
CUID code (if applicable) _____ Date of Transfer: _____
Contact/Broker Name: _____ Contact/Broker Phone: _____

Please transfer the following position:

Description (1): _____
Quantity: _____ CUSIP/ISIN: _____
Description (2): _____
Quantity: _____ CUSIP/ISIN: _____

Signature of Client: _____ Name: _____ Date: _____

Receiving Institution Information:

TD Wealth
3500 Steeles, Ave E
Tower 2, 2nd Floor
Markham, ON L3R 0X1
Fax Number : 1-877-639-4547

Account Name: Nanaimo & District Hospital Foundation
Charity Registration Number: 119050672RR001
Account Number: 1H0381A
CUID: GIST DTC: 5036 Euroclear#99123
Dealer/Rep Code: 9834