



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](mailto:nikola.gasic@td.com)) and Brittany Roelen, Director of Finance & Administration ([Brittany.roelen@islandhealth.ca](mailto: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: Greatest Needs

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