

# DONATION OF SECURITIES FORM

Mr.  Mrs.  Mr. & Mrs.  Ms.  Dr.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Are the shares/stocks/securities held by the company?  Yes  No

If yes, please provide company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Description of securities: \_\_\_\_\_ # of Shares: \_\_\_\_\_

Gift to be used for: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

## Donor's Broker Information:

Brokerage Firm: \_\_\_\_\_

Brokerage Account Number: \_\_\_\_\_

Broker Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## DONATION TO BE TRANSFERRED TO:

CIBC World Markets Inc.  
Account Transfer Department  
BCE Place, 161 Bay St., 10th Floor Toronto, ON M5J 2S8

## DELIVERY INSTRUCTIONS:

CUID                    WGDB5030  
DTC#                    5030  
Dealer#                9280  
Account Name:        St. Michael's Hospital Foundation  
Account Number:    416-03212-14

Charitable Registration #122963663RR0001

## CONTACT INFORMATION:

**Wendy French**, Investment Advisor  
P: 416 594 8937 | F: 416 594 7951  
[wendy.french@cibc.ca](mailto:wendy.french@cibc.ca)

## PLEASE FAX TO :

**St. Michael's Hospital Foundation**  
30 Bond Street, Toronto, ON, M5B 1W8  
P: 416 864 5000 | F: 416 864 5352

## PLEASE EMAIL TO :

[donorsupport@smh.ca](mailto:donorsupport@smh.ca)  
**Reuben Ellis** | Associate Director, Finance & Operations  
P: 416 864 6060 ext. 44133 | F: 416 864 5352