



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 (250-331-5947) or email (info@cvhealthcarefoundation.com) the completed signed form to the Comox Valley Healthcare Foundation to the attention of **Rhonda Stevens or Avry Janes**. The original document should be given to your broker.

Please transfer the following:

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.