



**GIFTS OF SECURITIES FORM**

Thank you for making a Gift of Securities to The Lakeridge Health Foundation. Please complete this form and fax a copy to your Broker to initiate the transfer. **Copies should also be faxed or emailed to Lakeridge Health Foundation, attention Jamie Davis – fax: (905) 743-5306; jdavis@lakeridgehealth.on.ca** and the Foundation’s Investment Manager, **BMO Nesbitt Burns, Marche Wealth Management Group, attention Joy Loewen - fax: (905)-839-1374; joy.loewen@nbpcd.com**

**Donor Information**

Name: \_\_\_\_\_

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

Tel: (B) \_\_\_\_\_ (H) \_\_\_\_\_ Email: \_\_\_\_\_

**Broker Information**

Advisor: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Tel: \_\_\_\_\_ (F) \_\_\_\_\_ Email: \_\_\_\_\_

**Securities to be donated**

Quantity/Units: \_\_\_\_\_ Description of Securities: \_\_\_\_\_

CUSIP/ISIN: \_\_\_\_\_ Estimated Market Value: \_\_\_\_\_

Account Holder’s Name: \_\_\_\_\_ Account number: \_\_\_\_\_

Estimated Date of Transfer: \_\_\_\_\_

**The Foundation Gift Designation** \_\_\_\_\_

**With this signature, I hereby instruct my broker to effect the transfer proposed above. To my knowledge, these shares are not subject to restrictions on their sale or disposition and I am not aware of any material undisclosed information concerning these shares.**

Donor’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transfer to: Lakeridge Health Foundation, account number 375-28611-16**  
BMO Nesbitt Burns – FINS# T009, CUID/DTS NTDT, DTC 5043, Dealer REP 9185-ITX  
Attn: Joy Loewen, ph (416)359-6432, f (416)359-8235, [joy.loewen@nbpcd.com](mailto:joy.loewen@nbpcd.com)