



### GIFTS OF SECURITIES FORM

Thank you for making a Gift of Securities to 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:

- 1) Lakeridge Health Foundation, attention Jamie Davis – fax: (905) 743-5306;  
[jdavis@lakeridgehealth.on.ca](mailto:jdavis@lakeridgehealth.on.ca)
- and 2) Investment Manager: BMO Nesbitt Burns, The Follows Group, attention Keri Schumacher  
Fax 905-404-0289 or email [keri.schumacher@nbpcd.com](mailto:keri.schumacher@nbpcd.com)

#### Donor Information

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

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

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

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

#### Broker Information

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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: \_\_\_\_\_

Donation will support area of greatest need/high priority, or please indicate:

\_\_\_\_\_

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-P8C

**Attn:** BMO Nesbitt Burns, The Follows Group, attention Keri Schumacher: Fax 905-404-0289  
or email [keri.schumacher@nbpcd.com](mailto:keri.schumacher@nbpcd.com)

**Lakeridge Health Foundation**

1 Hospital Court, Room A-120, Oshawa, ON L1G 2B9

Tel: (905) 433-4339 Fax: (905) 743-5306 [www.lakeridgehealthfoundation.com](http://www.lakeridgehealthfoundation.com)

Charitable Registration #11924 9126 RR0001