

Donation Form:

MY FRIEND'S HOUSE, COLLINGWOOD CRISIS CENTRE

*Charitable Donation of Securities In Kind*

**Instructions for the Donor:**

**Please complete all of the information below in order to ensure a timely transfer. In order for us to receive your gift of securities and issue the appropriate charitable tax receipts, please**

- 1. Complete this form in order to authorize the transfer of securities from your investment account to our account with CIBC Wood Gundy. If you hold physical certificates, please contact CIBC Wood Gundy at the address below.**
2. Send the completed form to your broker, investment advisor or financial institution where your securities are currently held.
3. Send /fax a copy of the completed form to  
MY FRIEND'S HOUSE, COLLINGWOOD CRISIS CENTRE  
PO BOX 374 STN MAIN  
COLLINGWOOD ON L9Y 3Z7  
Fax #: 705-444-5289

If you have any questions, please contact Nicole Frankcom at (705) 444-2586 ext 227

To:

\_\_\_\_\_  
(Name of financial institution where the securities are currently being held)

Re: Donation of Securities to MY FRIEND'S HOUSE, COLLINGWOOD CRISIS CENTRE

Donor's Account Name \_\_\_\_\_ Account No \_\_\_\_\_

Please accept this form as your authorization to transfer the following securities to **MY FRIEND'S HOUSE, COLLINGWOOD CRISIS CENTRE** account number **426-20440-18** at CIBC Wood Gundy.

1. Security to be donated

Name \_\_\_\_\_ Cusip \_\_\_\_\_

Number of Shares/Units: \_\_\_\_\_ Certificate:  Yes  No

2. Security to be donated

Name \_\_\_\_\_ Cusip \_\_\_\_\_

Number of Shares/Units: \_\_\_\_\_ Certificate:  Yes  No

**I authorize MY FRIEND'S HOUSE, COLLINGWOOD CRISIS CENTRE or its agent to contact my broker for purposes of concluding this transaction. Please contact CIBC Wood Gundy to confirm the delivery instructions:**

Trish Walker/Ryan Gerstel  
Suite 600-181 Bay Street, Toronto ON M5J 2T3  
Tel#: 416-369-8843 / Fax #: 416-369-8987

FINS - T079  
CUID - 5030  
DTC - 5030  
EUROCLEAR - 10034  
FEWIRE: BK OF NYC/WGI  
ABA # 021000018  
DEALER: 9280

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_