

75 Ann Street, Bracebridge, ON P1L 2E4 (705) 645-4404 ext 3246 Registered Charitable Number 11915 7998 RR 0001

Security Transfer Form

For the Donor:		Date	
Donor Name			
Donor Addres	ss		
Donor Email:		Donor Phone	
Broker Name:			
Name of Brok	erage Firm:		
Address of Br	okerage Firm:		
Phone of Brok	xerage Firm:		
No. Units	Security	Donor Account Number Estimated Value	
_		g: □Area of greatest need or □Other: ransfer the following shares to the South Muskoka Hospital Foundat	
Donor(s) Signature		 Date	

To initiate your gift of securities transfer, please complete this form to send to your broker.

Please ensure the South Muskoka Hospital Foundation is informed in order to efficiently administer your charitable tax receipt. Contact: Leah Walker, Executive Director. Phone: (705) 645-4404 ext 3246 or Email leah.walker@mahc.ca

For the Broker:

South Muskoka Hospital Foundation will accept this gift by electronic transfer to our broker the details of which are listed below:

RBC Dominion Securities

Attn: Sharon Johnson and/or Jennifer Slack

30 West Mall Road, Suite 100, Bracebridge, Ontario P1L 2G3

PH: (705) 645-2465 FAX: (416) 842-2601

Email: sharon.a.johnson@rbc.com and/or jennifer.slack@rbc.com

South Muskoka Hospital Foundation Account Number: 441-73862-1-8 Institution Number: T-002 or D.O.M.A.