



**ST. JOSEPH'S HOSPITAL
FOUNDATION**
AN INVESTMENT IN LIFE

To initiate your gift of securities transfer, please complete this form and send it to your advisor. Your advisor will be able to provide certain information such as the CUSIP and FINS numbers and will send the completed form to the Foundation on your behalf.

Unexpected and/or unidentifiable transfers may make it difficult for the Foundation to issue the appropriate tax receipt. Contact the Foundation at (306) 637.2474 with any questions about the gift of securities transfer process or fax this form to our office at (306) 637.2490

All donated securities are sold upon receipt as soon as allowable. The net proceeds from our sale of your donated securities will be directed to the area of greatest need or to the area you designate. The amount of your charitable gift receipt is determined by the closing price on the day the securities transfer into our account.

Please note that with the exception of complex transfers and proprietary funds, all transfers initiated within 30 days of the end of a calendar year will be receipted in that same calendar year.

Your advisor may contact RBC Dominion Securities with any questions:

Cory Prokop
Ward Tuttle
(306)637.4492

Gifts of Securities to the St. Joseph's Hospital Foundation (American Listed Securities Only)

ADVISOR/DELIVERING INSTITUTION INFORMATION

Name of Firm: _____ FINS # _____

Contact Name: _____

Phone: (____) _____ Fax: (____) _____

Client Account Number: _____

DONOR/CLIENT/ESTATE INFORMATION

Legal name(s) for charitable receiving purposes (please print):

_____ Phone: (____) _____

Mailing Address:

_____ Estate Contact Name: _____ Phone: (____) _____

INSTRUCTIONS TO ADVISOR/DELIVERING INSTITUTION

I hereby give authority to deliver free the following securities to RBC Dominion Securities (DTC#: T002 CUID: DOMA) for credit to The St. Joseph's Hospital Foundation brokerage account # 7711024815

Please deliver free of transfer fees:

Security: _____ In Kind

CUSIP# _____ Market Symbol: _____ # of Shares/Units to transfer: _____

DONATION DESIGNATION

Area of Greatest Need Specific Area or Purpose: _____

AUTHORIZATION OF DONOR(S)/CLIENTS(S)

Signature _____ Day Month Year _____

Signature _____ Day Month Year _____

Witness to signature(s) _____ Day Month Year _____

_____ Witness Name (please print)