



**Health Sciences Centre
FOUNDATION**

Securities Transfer Form

To be completed by the Donor:

Name of Donor: _____ Daytime Telephone: _____
 Address of Donor: _____
 Delivering Institution: _____
 Address of Delivering Institution: _____
 Account # at Delivering Institution: _____
 Name of Security: _____ # of Shares Transferred: _____
 Approx. Value of Each Share: \$ _____ Approx. Total Amount of Donation: \$ _____
 Date of Transfer to Health Sciences Centre Foundation Account: _____

This letter will serve as your authorization to release the securities noted above to the account of Health Sciences Centre Foundation. I understand that I will receive a tax receipt from Health Sciences Centre Foundation for the transfer to Health Sciences Centre Foundation account at BMO Investorline. (Account # 22581665). These securities have been donated to Health Sciences Centre Foundation without restriction and can be sold by Health Sciences Centre Foundation at any time.

Signature of Donor: _____ **Date:** _____

Please advise Health Sciences Centre Foundation of your donation:

CC: Irma McKenzie Phone: (204) 515 - 5624
 Director of Planned & Legacy Giving Fax: (204) 813 - 0131
 Health Sciences Centre Foundation Email: imckenzie@hscfoundation.mb.ca
 PW112-700 William Avenue
 Winnipeg, MB R3E 0Z3

Receiving Institution Information

Institution Name: _____ BMO Investorline _____
 Person's Name: _____ Loretta Ackerman _____
 Phone Number: _____ 204-515-5615 _____ Fax Number: _____ 416-359-6826 _____

For Deposit into: Account # _____ **22581665** _____
CUID: NTD
FINS: T009