



# LETTER OF AUTHORIZATION FROM DONOR TO BROKER

In order to initiate your stock transfer please:

- 1) **Complete this form**
- 2) **Send a copy to your Broker**
- 3) **Send a copy to Southlake Regional Health Centre Foundation**

Note that your broker will be able to provide some of the required information, such as CUSIP.

Unexpected and/or unidentifiable transfers may make it difficult for the Foundation to issue the appropriate tax receipt. Please contact the Finance Department at 416 301-3343 with any questions about the gift of securities transfer process.

All donated securities are sold upon receipt. The net proceeds from our sale of your donated securities will be the amount of your gift and will be directed to the fund you designate.

The value of your receipt will be determined by the **closing price** on the day that the Foundation receives the shares into our account.

Your broker may contact:  
Linda Logan at BMO Nesbitt Burns (905) 830-3658 with any questions.

**Southlake Regional Health Centre Foundation**

102-581 Davis Drive  
Newmarket ON L3Y 2P6  
T: 905-836-7333 F: 905-836-5651  
Toll Free: 1-877-457-2036  
[www.southlakeregional.org](http://www.southlakeregional.org)

Charitable Business #  
13179 7540 RR0001

A copy of this letter should be sent to  
Southlake Regional Health Centre Foundation  
Attention: Finance & Operations  
via e-mail attachment to [Finance.Foundation@SouthlakeRegional.org](mailto:Finance.Foundation@SouthlakeRegional.org)  
or fax to 905-836-5651.

**Donor Information** for receipting purposes (Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

**Gift Designation**  Southlake Regional Health Centre Foundation  
Critical Needs

Other: \_\_\_\_\_

**Donor wishes to remain anonymous**  Yes: \_\_\_\_\_  No: \_\_\_\_\_

**Donor's Broker** \_\_\_\_\_

Broker Phone \_\_\_\_\_

Broker E-mail \_\_\_\_\_

**Transfer from:** Client Account # \_\_\_\_\_

Account Name \_\_\_\_\_

**Securities to be donated:** Company Name \_\_\_\_\_

# of shares \_\_\_\_\_ Stock Symbol \_\_\_\_\_ CUSIP# \_\_\_\_\_

I hereby give authority to immediately deliver these securities to  
BMO Nesbitt Burns: FINS: T009 / CUIDS: NTD T / DTC: 5043  
Dealer-Rep: 9185-BHP

For credit to: Southlake Regional Health Centre Foundation  
account # 656-01562-15

I authorize the Southlake Regional Health Centre Foundation or its agent to contact my broker for purposes of concluding this transaction.

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

\_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date \_\_\_\_\_