



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 905-836-7333 ext. 5100 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

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 Securities.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 (default)
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