

CHARITABLE DONATION OF PUBLICLY TRADED SECURITIES IN KIND

Step 1:

Complete this form or provide it to your financial advisor/broker for them to assist you. This information is needed for the transfer, tracking and receipting of your donation.

If you do not have a broker, email this form directly to your investment firm to process.

Step 2:

Send a copy of the of the forms to the CRHF:
Attention: Crystal Elliott
Chief Executive Officer
info@crhfoundation.ca
403-388-6504

This will ensure a donation receipt is issued for your gift.

Donor Information:

Name of Donor (s)

Mailing address

City

Province

Postal Code

Phone Number

Email

Donor Broker Information:

Delivering Institution

Donor Account Number

Contact Name

Contact Phone Number

Contact E-Mail

Publicly Traded Securities to Be Transferred In Kind:

Security Description	Symbol / CUSIP	Quantity	Approx. Value (\$)
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Additional comments / instructions/information

Transfer Securities in Kind To:

Receiving Institution Name: RBC Dominion Securities
Account Name: Chinook Regional Hospital Foundation
Account Number: 384-01232-14
FINS #: T002
CUID: DOMA
DTC#: 5002

Contact: RBC Dominion Securities Shawn Hass
403-317-4312
hasswealth@rbc.com

Chinook Regional Hospital Foundation Crystal Elliott
403-388-6504

Instructions for the Donation:

- General, program with the greatest need
- Designated program or specific area within the Hospital
– ie Cardiac Campaign, NICU (neonatal intensive care unit), Cancer Center, etc.

Recognition:

- _____
Name of Donor (s) to be displayed
- I prefer that my gift remain anonymous, and my name will not be printed on recognition materials

A charitable tax receipt from Chinook Regional Hospital Foundation (“CRHF”), will be based on the closing price of the securities on the day the securities are received in CRHF’s brokerage account. **In order to receive a charitable tax receipt for the calendar year, the securities must be transferred to the CRHF account no later than December 20th, of the same calendar year.** These securities have been transferred to the CRHF without restriction.

I have read and understand the above information and authorize the transfer of the above-mentioned assets to the Chinook Regional Hospital Foundation (“CRHF”). I also agree that the CRHF, or its agents, may contact my broker for the purpose of concluding this transaction.

Donor Signature

Date

Donor Signature

Date