

Donation of Shares Form for the Saanich Peninsula Hospital & Healthcare Foundation

Date: _____

To Delivering Firm _____

Branch _____

Contact Name _____

Phone _____

From Name of Donor _____

Account No _____

Address 1 _____

Address 2 _____

City _____ Province _____

Postal Code _____ Phone No _____

RE: Donation of Securities

Please transfer the following securities in kind:

To the following account:



SAANICH PENINSULA
HOSPITAL & HEALTHCARE
FOUNDATION

Scotia Capital Inc FINS# T085
DTC# 5011
CUID# SCOT
DEALER CODE 9155-68H

**Saanich Peninsula Hospital
& Healthcare Foundation**
Registration #BN-11913 0540 RR0001
Account # 439-07125-1-3

102-9838 Fourth Street
Sidney BC V8L 2Z3
Phone: 250-654-3345

Signature of donor

Please fax to: 1) Your Financial Advisor

2) ScotiaMcLeod Attn: Alicia Grellette Fax: 250-656-2160

3) Saanich Peninsula Hospital & Healthcare Foundation Fax: 250-652-7534