

# 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

**Saanich Peninsula Hospital  
& Healthcare Foundation**

**Registration #BN-11913 0540 RR0001**

**Account # 439-07125-1-3**

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

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: Jaimie Cote Fax: 250-656-2160**

**Please call**

**Chryseis: 1) Saanich Peninsula Hospital & Healthcare Foundation Phone: 250-656-2948**