Gifts of Publicly Listed Securities Share Transfer Form

Donor	
Name:	
Address:	
City, Province:	Postal Code:
Daytime Phone Number:	E-mail:
Donor's Account	
Financial Institution:	Account Number:
Name of Financial Advisor:	Contact Phone Number:
Donation	
Name of Security:	Quantity: CUSIP/ISN:
Name of Security:	Quantity: CUSIP/ISN:
Allocation of Donation (optional):	
Foundation for the closing price on the d	kind tax receipt for these securities from Victoria Hospice and Palliative Care date these securities are received in the charity's account. These securities have alliative Care Foundation without restriction and can be sold by the charity at
Signature of Donor:	Date:
Victoria Hospice and Palliative Care Fo	<u>oundation</u>
Receiving Firm:	Raymond James Ltd. Dealer/Rep #: 9485/9340 FINS: T089 DTC #: 5076 CUID: MSLT EURO CLEAR #: 91770
Account Number: Name of Account: Charitable Registration Number:	1FJ-KH0A-0 Victoria Hospice and Palliative Care Foundation 87440 9964 RR0001
A checklist for your reference:	
ensure that your gift is handled Notify your financial advisor of Give your financial advisor auth signed, should be sufficient for Email a copy of this signed for	d Palliative Care foundation prior to initiating the transfer of securities , to smoothly and efficiently. 250-519-1749 f your intention to make a gift of securities. horization to initiate the transfer on your behalf. This form, completed and authorization. The wendy.innes@victoriahospice.org ase call Wendy @ 250-519-1749

Thank you for your generous support of Victoria Hospice and Palliative Care Foundation!

Victoria Hospice and Palliative Care Foundation 4th Floor, Richmond Pavilion, 1952 Bay St, Victoria, BC V8R 1J8 Phone: 250-519-1744 or Fax: 250-519-1745 Email: wendy.innes@victoriahospice.org