

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): _____

I understand that I will receive a gift-in-kind tax receipt for these securities from Victoria Hospice and Palliative Care Foundation for the closing price on the date these securities are received in the charity's account. These securities have been donated to Victoria Hospice and Palliative Care Foundation without restriction and can be sold by the charity at their discretion.

Signature of Donor: _____ *Date:* _____

Victoria Hospice and Palliative Care Foundation

Receiving Firm:	Raymond James Ltd. Dealer/Rep #: 9485/9340 FINS: T089 DTC #: 5076 CUID: MSLT EURO CLEAR #: 91770
Account Number:	1FJ-KH0A-0
Name of Account:	Victoria Hospice and Palliative Care Foundation
Charitable Registration Number:	87440 9964 RR0001

If you have any transfer questions, please contact Eileen Kelly, Financial Advisor at 250-405-2466

A checklist for your reference:

- Notify your broker, institution, or investment advisor of your intention to make a gift of securities.
- Complete this form to authorize them to initiate the transfer on your behalf. All transfers must be initiated by the delivering institution.
- **Please email a copy to:**
Michelle Atamanchuk, Legacy and Planned Giving at michelle.atamanchuk@victoriahospice.org and
Eileen Kelly, Financial Advisor at eileen.kelly@raymondjames.ca
to notify us of the gift and ensure we have the information required to issue a tax receipt.

Thank you for your generosity

Victoria Hospice and Palliative Care Foundation
4th Floor, Richmond Pavilion, 1952 Bay St, Victoria, BC V8R 1J8
250-519-1744 donate@victoriahospice.org