

TILLSONBURG DISTRICT MEMORIAL HOSPITAL - FOUNDATION

Charitable Donation of Securities IN KIND

Please complete this form as authorization to the delivering institution to facilitate a timely transfer. Please ensure a copy of any necessary supporting documentation is attached, such as a Power of Attorney, if applicable. If delivering a physical certificate, please attach a copy of this form with the physical certificate (ensure power of attorney attached for processing).

PLEASE DELIVER A COPY OF THIS FORM TO YOUR DELIVERING INVESTMENT ADVISOR AND THE CONTACT AT SCOTIAMCLEOD

Delivering Institution Information
Name of Institution: _____
DTC# _____ FINS# _____ CUID# _____
Account Name: _____
Account Number: _____
Contact Name: _____
Contact Phone Number: _____ Email: _____

Receiving Institution Information
Name of Institution: ScotiaMcLeod, 40 King Street West, PO Box 4085, Station A, Scotia Plaza, Toronto ON M5W 2X6 Attn: Securities Transfer Dept.
FINS: T085 DTC#: 5011 CUID#: SCOT
Account Name: TILLSONBURG DISTRICT MEMORIAL HOSPITAL FOUNDATION
Account Number: 433-97271-1-9
Contact Name: TALEA DANBROOK (London, ON Branch 460)
Contact Phone Number: 519-660-3265 Email: talea.danbrook@scotiawealth.com

DIRECTION AND SIGNATURE

Please arrange to transfer the following securities to the TDMH Foundation as listed below:

Security Description: _____
(Shares/Units/Bonds) – if bonds, please include the interest rate and maturity.

Quantity: _____ **Additional Details:** _____

Contributor's Signature: _____ **Date:** _____

Name & Address for mailing of charitable receipt:
