

## DONATION OF SECURITIES

Donating appreciated, publicly listed securities such as stocks, bonds, and mutual fund units to the Cambridge Memorial Hospital Foundation qualifies for special benefits. You will receive a charitable donation receipt for the value of your donated securities.

### Transfer of Securities

If the securities are to be transferred electronically, please authorize your broker with a signed Letter of Direction and Authorization to transfer the securities to the Foundation's CIBC Wood Gundy account. The Foundation will also require a copy of the Letter of Direction and Authorization for our records.

**CMHF Broker:**

CIBC Wood Gundy  
150 Caroline St S, 3<sup>rd</sup> Fl  
Waterloo, ON  
N2L 0A5

**CIBC Contact:**

Mr. Wes Gee  
Senior Investment  
Manager  
(T) 519-570-5615  
(F) 519-888-6887

**CMHF Contact:**

Karen Seeley, Controller  
Cambridge Memorial Hospital Foundation  
T (519) 740 – 4966  
F (519) 740 - 4971  
[kseeley@cmh.org](mailto:kseeley@cmh.org)

<b>Account Name</b>	<b>CAMBRIDGE MEMORIAL HOSPITAL FOUNDATION</b>
<b>Account Number:</b>	<b>460-05081-15</b>
<b>Institutional ID:</b>	<b>10</b>
<b>FINS Number:</b>	<b>T079</b>
<b>DTC Number:</b>	<b>5030 for delivery USD securities</b>
<b>CUID Code:</b>	<b>WGDB</b>
<b>Charitable Business Number:</b>	<b>11882 6288 RR0001</b>

**For the transfer of mutual funds, reference:**

Dealer Code Number: **9280**

Rep Code Number: **KT4**

### Determining the Value

For electronic transfers, the Foundation will provide the donor with a receipt for their donation using the market close on the date of transfer.

For additional information please contact:  
Karen Seeley, Controller  
519-621-2333 Ext. 2444  
[KSeeley@cmh.org](mailto:KSeeley@cmh.org)



700 Coronation Blvd.  
Cambridge, Ontario N1R 3G2

## DONATION OF SECURITIES Letter of Direction and Authorization

Please accept this document as official confirmation that \_\_\_\_\_ shares of \_\_\_\_\_  
\_\_\_\_\_ # of shares / Par Value of Bond  
\_\_\_\_\_, held by \_\_\_\_\_  
\_\_\_\_\_ Stock/Bond \_\_\_\_\_ Donor Name  
are to be donated to the Cambridge Memorial Hospital Foundation.

### NAME OF BROKER, AGENT, CUSTODIAN WHO WILL MAKE THE TRANSFER:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
FINS# \_\_\_\_\_ Account# \_\_\_\_\_ CUID Code \_\_\_\_\_

*The market close on the date the securities are received into the Foundation account will be used to value the gift for income tax purposes.*

_____ Donor Name (please print)	_____ Gift Designation
_____ Donor Address	_____ Donor's Signature
_____ City Province Postal Code	_____ Date
_____ Telephone #	_____ Additional Information if Necessary
_____ Donor's E-mail	

***Please e-mail, fax or mail a copy to:***

Cambridge Memorial Hospital Foundation  
Attn: Karen Seeley  
700 Coronation Blvd.  
Cambridge, ON N1R 3G2

Phone: 519-621-2333 Ext. 2444  
Fax: 519-740-4971  
kseeley@cmh.org