

## DONATION OF SECURITIES

Donating appreciated, publicly listed securities such as stocks, bonds, and mutual fund units to the Cambridge Memorial Hospital.

### 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> Flr  
Waterloo, ON  
N2L 0A5

**CIBC Contact:**

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

**CMHF Contact:**

Karen Seeley, Controller  
Cambridge Memorial Hospital Foundation  
(519) 740-4966  
kseeley@cmh.org

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



700 Coronation Blvd.  
Cambridge, ON 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: \_\_\_\_\_ Email: \_\_\_\_\_

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*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Additional Information if Necessary*

\_\_\_\_\_  
*Email*

#### **Please email 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  
kseeley@cmh.org