

700 Coronation Blvd. Cambridge, ON N1R 3G2

## **DONATION OF SECURITIES**

Donating appreciated, publicly listed securities such as stocks, bonds, and mutual fund units to Cambridge Memorial Hospital qualifies for special benefits. You will receive a charitable donation receipt for thevalue 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 Contact:	CMHF Contact:
CIBC Wood Gundy 150 Caroline St S, 3 <sup>rd</sup> Flr Waterloo, ON N2L 0A5	Mr. Wes Gee Senior Investment Manager (519) 570-5615 Fax (519) 888-6887	Lisa Maenpaa, Director of Finance Cambridge Memorial Hospital Foundation (519) 740-4966 LMaenpaa@cmh.org

Account Name	CAMBRIDGE MEMORIAL HOSPITAL FOUNDATION
Account Number:	460-05081-15
Institutional ID:	10
FINS Number:	Т079
DTC Number:	5030 for delivery USD securities
CUID Code:	WGDB
Charitable Business Number:	11882 6288 RR0001

#### 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:
Lisa Maenpaa, Director of Finance
519-621-2333 Ext. 2444
LMaenpaa@cmh.org

UPDATED: October 2025



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# **DONATION OF SECURITIES**

# **Letter of Direction and Authorization**

Please accept this document as official confirmation that					shares of	
·			# of shares / Par Value of Bond			
			neld by			
Stock/Bond		nd		Donor Name		
are to be dor	nated to Cambridge N	Memorial Hospital Foun	lation.			
NAME OF BR	ROKER, AGENT, CUSTO	DDIAN WHO WILL MAK	E THE TRANSFER:			
Name:		Phone:	Eı	mail:		
FINS#		Account#	CUID Code:			
Donor Name (please print)		Gift Designation				
Donor Address			Donor's Signature			
City	Province	Postal Code	Date			
Phone #			Additional Informa	tion if Necessary		
Email						

# Please email or mail a copy to:

Cambridge Memorial Hospital Foundation **Attn: Lisa Maenpaa** 700 Coronation Blvd. Cambridge, ON N1R 3G2 Phone: 519-621-2333 Ext. 2444

LMaenpaa@cmh.org