



SHARE DONATION INSTRUCTIONS AND AUTHORIZATION FORM

This Letter of Direction is to be completed by the Donor and serves as authorization and instruction to transfer specified securities to The Credit Valley Hospital Foundation (CVHF). Complete Sections (I), (II) and (IV) and **FAX** this form to each of The Credit Valley Hospital Foundation Attn: Terry Fitzgibbon at 905-813-4334 and TD Waterhouse at 1-877-639-4547.

Unless otherwise discussed the **BROKER SENDING THE SECURITIES IS TO INITIATE THE TRANSFER** to CVHF Account. CVHF will confirm to Donor once the security is received in our account. Receipt value is based on the closing price of the shares on the day received and available for sale in CVHF account unless the shares are sold the same day in which case it's the actual selling price.

(I) Donor Information

Name: _____ Telephone: _____

Address: _____

(II) Donor's Broker Information

Institution Name: _____ Telephone: _____

Broker Contact Name/E-Mail/Fax/Phone: _____

Name of Security: _____ # of Shares: _____

Account No. _____ CUSIP #: _____

Approx. Value of Each Share: \$ _____ Approx. Total Amount of Donation \$ _____

Date of Transfer to The Credit Valley Hospital Foundation's Account: _____

(III) The Credit Valley Hospital Foundation account at TD Waterhouse Client Transfer Services:

Account Number: 59Y263A Canadian 59Y263B U.S.
FINS #: T-007
CUID ID: GIST
Contact Name: Patrick Sherlock – TD Waterhouse Client Transfer Services
77 Bloor Street West, 5th Floor,
Toronto, Ontario M5S 1M2
Telephone: 416-413-3565
Fax: 416-413-3755
E-Mail: patrick.sherlock@td.com

(IV) Donor Authorization:

Donor Signature

Date