



Gift of Marketable Securities – Letter of Authorization from Donor to Broker

***Thank you for making a gift of securities to the
Royal Victoria Regional Health Centre Foundation***

To transfer securities to the Royal Victoria Regional Health Centre Foundation, please complete all required information on page 2, and fax to all three numbers below (Foundation, Our Broker, Your Broker).

Information for the Royal Victoria Regional Health Centre Foundation

ACCOUNT # 376-46355-16 THE ROYAL VICTORIA REGIONAL HEALTH CENTRE FOUNDATION
Charitable registration number: 12524 9185 RR0001

Account Custodian: Canadian Securities CUID=DOMA
 U.S Securities CUID=5002

Investment Manager: RBC Dominion Securities Inc.
 11 Victoria Street, Suite 100
 Barrie, On. L4N 6T3

Contact Information: Terry Cheaney
 Vice President, Portfolio Manager
 Phone: (705) 725-7414
 Fax: (705) 728-6416
 Email: terry.cheaney@rbc.com

Important Fax Numbers needed to complete transfer

1. Please fax completed form to: RBC Dominion Securities Inc.
 Attention: Terry Cheaney
 Fax: (705) 728-6416

2. Please fax completed form to: Royal Victoria Regional Health Centre Foundation
 Attention: Charlene Mamo
 Fax: (705) 739-5670
 Email: mamoc@rvh.on.ca

3. Please fax completed form to: Your broker



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*Please complete sections 1 to 3 below and fax to the three required numbers on the previous sheet.
All three faxes need to be complete for effective transfer of securities.*

1. Donor Information – Important for charitable receipting purposes

| | | | |
|------------|--------------|-----------|-----------------|
| First Name | Initial | Last Name | |
| Address | City | Province | Postal Code |
| Signature | Phone Number | | Date (dd/mm/yr) |

2. This letter will confirm my intention to donate the following to RVH Barrie Foundation

| | | |
|----------------------|----------|-------------------|
| Security Description | Quantity | Fund Symbol/CUSIP |
| Security Description | Quantity | Fund Symbol/CUSIP |

3. Information about your (Donors) Broker / Delivering Custodian

| | | |
|---------------|-----------------------|------------|
| Name of Firm | | |
| Broker's Name | Phone Number | Fax Number |
| Account Name | Client Account Number | |

- I would like to designate my gift to the area of greatest need
- Other designation: _____

Please note that your tax receipt will be valued in accordance with Canada Revenue Agency guidelines