

Making a Gift of Securities



Thank you for your interest in donating securities

DONATION OF PUBLICLY TRADED SECURITIES DELTA HOSPITAL AND COMMUNITY HEALTH FOUNDATION TRANSFER FORM

SIMPLY FOLLOW THESE DIRECTIONS:

- 1. Complete the attached transfer form and deliver it to your broker or financial advisor with regard to your wish to make a gift of securities to Delta Hospital and Community Health Foundation.
- 2. Your broker should contact and deliver the form to our agent, RBC Dominion Securities Inc.

For account of: Delta Hospital and Community Health Foundation

Contact: Sheila Whitehead Phone: 604-535-3800 Fax: 604-531-4586

Email: sheila.whitehead@rbc.com

- 3. Forward the completed transfer form to the Delta Hospital and Community Health Foundation. Transfer forms can be sent to jodi.stokes@dhchfoundation.ca.
- 4. Once the securities have been transferred to the Foundation's brokerage account, RBC Dominion Securities will advise us in writing of the receipt of the securities and the closing bid value on the day the securities were received into our account.
- 5. We will issue an official receipt to you, for income tax purposes, for the value as determined by RBC Securities Inc.
- 6. It is the Foundation's policy that securities, once received by the Foundation or its broker, may be sold or added in specie to the Foundation's investment account in accordance with the Foundation's investment policies.

5800 Mountain View Blvd. Delta BC, Canada V4K 3V6



Delta Hospital + Community Health FOUNDATION Transfer Form

DONOR INFORMATION: Name of donor for charitable tax receipting purposes

First Name	Initial		Last Name		
Address					
City	Province		Postal Code		
Daytime Telephone					
BROKER / DELIVERING	CUSTODIAN INI	FORMATION			
Name of Firm			FINS#		
Broker / DC Name	Phone Number		Fax Number		
Account Name		Client Account Number			
INSTRUCTIONS FROM I	DONOR TO DON	OR'S BROKEF	R/DC		
I hereby give authority to delive Inc. to the attention of Sheila Wh and Community Health Foundat	nitehead for credit to a				
Full Name of Security		CUSIP# (Broker/DC to complete)			
Number of Shares/Units to Transfer		Market Symbol (Broker/DC to complete)			
AUTHORIZATION OF DO	ONOR / CLIENT				
Client Signature		day	month	year	

Please send completed forms to: jodi.stokes@dhchfoundation.ca

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