



* Mandatory Fields Donor/Transferor Information				
Primary Account Holder - Last Name *		First Name *		Telephone ()
Joint Account Holder - Last Name *		First Name *		Telephone ()
Street Address		City	Prov.	Country Postal Code
SIN	Financial Institution contact Name		Telephone *	Email
Financial Institution Name *		Financial Institution Contact #	Account No.*	CUID
Charitable Organization/Transferee Information				
Name of Charitable Organization / Transferee *			Charitable Organization #	
Pilgrims Hospice Society			897041455RR0001	
Street Address *		City *	Prov. *	Country * Other
9808 148 Street		Edmonton	AB	Canada
Charity Contact *			Telephone *	Email
Monica Robson			780-413-9801 ext:106	monicaR@pilgrimshospice.com
Financial Institution Contact *			Telephone *	Email
Russ MacKay / Jeanette Brown			403-234-6103/2340	Jbrown@mcleanpartners.com
Financial Institution *			Account No. (circle 1)	CUID
McLean & Partners (NBIN clearing/settlement)			3HTF1WA 3HTF1WB	NBCS
Additional Settlement Instructions (as required)		<input type="checkbox"/> see attached *		
Request Details				
<ul style="list-style-type: none"> Please accept this form as authorization to gift/transfer the following securities/cash held in my/our account to the transferee account indicated above. Note: Quantity should indicate share amounts for stocks, mutual funds and bonds. 				
Quantity *	Security Description *		CUSIP/Symbol/Fund Code *	
Additional Information		<input type="checkbox"/> see attached *		
Information about Donations				
NOTE: Donations of securities are done on a best efforts basis. Where a donation is requested involving one or more external institutions, we can not guarantee the delivery of assets in a predetermined specified time resulting in possible market fluctuations.				
Donation/Transfer Authorization				
Primary Account Holder Signature *			Date *	
Joint Account Holder Signature *			Date *	

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