

Please complete this form as authorization to Canada Gives to facilitate a timely transfer. Please ensure a copy of any necessary supporting documentation is attached, such as a Power of Attorney if applicable. If delivering physical certificates, please attach a copy of this form with the physical certificates.

I request this donation to be directed to a specific charitable giving account at Canada Gives as identified below as,

Annual Giving Account Name _____ **Canada Gives Account Number** _____

Initial Donation Additional Donation Third Party Contribution (*see over*)

Delivering Institution Information	Receiving Institution Information
Name (of Institution): _____	Name (of institution): _____
DTC# _____ and CUID# _____	DTC# _____ and CUID# _____
Account Name: _____	Account Name: _____ Canada Gives
Account Number : _____	Account Number: _____
Contact Name: _____	Contact Name: _____
Contact Phone Number: _____	Contact Phone Number: _____
Email: _____	Email: _____

PLEASE TRANSFER THE FOLLOWING SECURITIES TO CANADA GIVES As listed below List attached

In Kind donations of securities to Canada Gives can include shares in public companies, units of mutual funds or bonds. If you are donating bonds, please include interest rate and maturity.

Security Description	Symbol and/or Certification No. or Policy No.	Quantity
<input type="checkbox"/> Shares/Units _____ <input type="checkbox"/> Bonds _____	_____	_____
<input type="checkbox"/> Shares/Units _____ <input type="checkbox"/> Bonds _____	_____	_____
<input type="checkbox"/> Shares/Units _____ <input type="checkbox"/> Bonds _____	_____	_____
<input type="checkbox"/> Shares/Units _____ <input type="checkbox"/> Bonds _____	_____	_____

SIGNATURE SECTION

I hereby give the above indicated securities absolutely to Canada Gives for disbursement to registered charities and other qualified donees. I acknowledge that Canada Gives is a not-for-profit corporation and a registered charity in Canada. I understand that any contribution to the Annual Giving Account at Canada Gives represents an irrevocable contribution and is not refundable to me for any reason. I hereby confirm that I and my family will not receive any benefit or advantage as a result of selecting the recommended recipient charities.

► Signature _____ Date (dd/mm/yyyy) _____
(Contributor's Signature)

THIRD PARTY DONOR INFORMATION *(if applicable)*

All information collected for third party donors is used for the purposes of informing the account holder, processing your donation and issuing an official donation receipt in compliance with Canada Revenue Agency policies.

Mr. Mrs. Miss Ms. Dr. Corporation*

First Name

Initial

Last Name

Mailing Address

City

Province

Postal Code

()

Phone Number

Citizenship

Residency

** Provide photocopy of Corporate Resolution and Articles of Incorporation*

VERIFIED AGAINST: *(please provide a signed photocopy of any of the following)*

Passport Driver's License Health Insurance Card Number _____