

2375 Homer Watson Blvd. Kitchener, ON N2P 0E9 Phone: 519-208-5055 Fax: 519-208-5455 lisaardandinnisfree.com

GIFT OF SECURITIES

NOTE: To ensure proper receipting, send Letter of Direction and Authorization to: Sarah Ainsworth, fd@lisaardandinnisfree.com and <u>&</u> <u>admin@lisaardandinnisfree.com</u> or fax 519-208-5455

You will receive a charitable donation receipt for the value of your gift of publicly listed securities to Lisaard and Innisfree Hospice. Please seek professional advice regarding tax implications of your gift.

Transfer of Securities

If the securities are to be transferred electronically, please authorize your broker with a signed Letter of Direction and Authorization to transfer the securities to the Hospice's TD Direct Investing account. Lisaard and Innisfree Hospice will also require a copy of the Letter of Direction.

Lisaard and Innisfree HospiceBroker:

TD Direct Investing 3500 Steeles Ave. E.Tower 5, Level 3 Markham, ON M5J 2W7

> TD Direct Investing Contact: Ishani Kountourogiannis Email: Ishani.Kountourogiannis@td .com

Securities Account Number:	780X48A (for CAD) or 780X48B (for USD)
Account Name	Lisaard House
FINS Number:	T007
DTC Number:	5036
CUID Code:	GIST
Charitable Business Number:	87274 9536 RR0001

For the transfer of mutual funds, reference:

Dealer Code Number: ____ Rep Code Number: ____

Determining the Value

For electronic transfers, Lisaard and Innisfree Hospice will provide the donor with a receipt for their donation using the market closing value on the date of transfer.

For additional information please contact: Sarah, 519-208-5055 Ext. 256 <u>fd@lisaardandinnisfree.com</u>



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DONATION OF SECURITIES Letter of Direction and Authorization

Please accept this document	as official confirr	nation that
		# of shares/units
shares/units of		, held by
Stock/Bon	d/Mutual Fund	, held by
	are to	be donated to Lisaard and Innisfree Hospice.
Donor Name		
The market closing value on t income tax purposes.	he date of transf	er will be the date used to value the gift for
Donor Name (please print)		Gift Designation
Address		Donor's Signature
City, Province	Postal code	Date
Telephone #		
E-mail		_

Please e-mail, fax or mail a copy of this form to:

Lisaard and Innisfree Hospice Attn: S. Ainsworth

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