



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, [sarah.ainsworth@lisaardandinnisfree.com](mailto:sarah.ainsworth@lisaardandinnisfree.com) and Daniel  
Cockburn, [dcockburn@lisaardandinnisfree.com](mailto:dcockburn@lisaardandinnisfree.com) 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 Hospice Broker:

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

#### TD Direct Investing Contact:

Ryan Nelson  
Email: [ryan.nelson@td.com](mailto:ryan.nelson@td.com)  
Phone: 519-571-7570

<i>Securities Account Number:</i>	780X48A (for CAD) or 780X48B (for USD)
<i>Account Name</i>	Lisaard House
<i>FINS Number:</i>	T007
<i>DTC Number:</i>	5036
<i>CUID Code:</i>	GIST
<i>Charitable Business Number:</i>	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  
[sarah.ainsworth@lisaardandinnisfree.com](mailto:sarah.ainsworth@lisaardandinnisfree.com)



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## DONATION OF SECURITIES Letter of Direction and Authorization

Please accept this document as official confirmation that \_\_\_\_\_  
# of shares/units

shares/units of \_\_\_\_\_, held by  
Stock/Bond/Mutual Fund

\_\_\_\_\_ are to be donated to Lisaard and Innisfree Hospice.  
Donor Name

*The market closing value on the date of transfer will be the date used to value the gift for income tax purposes.*

\_\_\_\_\_  
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/D. Cockburn  
2375 Homer Watson Blvd.  
Kitchener, ON N2P 0E9**

**Phone: 519-208-5055 x255  
Fax: 519-208-5455  
sarah.ainsworth@lisaardandinnisfree.com**