

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, <u>FD@LISAARDANDINNISFREE.COM</u> and <u>ADMIN@LISAARDANDINNISFREE.COM</u>

ye a charitable donation receipt for the value of your dift of publicly list

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 docume	nt as official confirm	mation that
		# of shares/units
shares/units of		, held by
Stock/Bo	ond/Mutual Fund	, <b>. ,</b>
Donor Name		be donated to Lisaard and Innisfree Hospice.
The market closing value or income tax purposes.	n the 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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