



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
ADMIN@LISAARDANDINNISFREE.COM

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:
Reetu Adhikari
Email: retu.adhikari@td.com

| | |
|------------------------------------|--|
| <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
fd@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
2375 Homer Watson Blvd.
Kitchener, ON N2P 0E9**

**Phone: 519-208-5055 x256
Fax: 519-208-5455
fd@lisaardandinnisfree.com**