

Thank you for considering a legacy gift to Niagara Health Foundation.

Process for making a Donation of Securities by Electronic Transfer

Prior to initiating your gift transfer, please complete this form and email it to Janet Tuck, Niagara Health Foundation Finance Officer at janet.tuck@niagarahealth.on.ca / Phone Number: 905-378-4647 ext. 44288

- For tracking purposes, please instruct your Investment advisor to contact:
Simone Taddeo @ TD Wealth Private Client Group-Fax: 905-331-6959,
Email: simone.taddeo@td.com Phone Number: 905-331-5247
- Have your Investment Advisor prepare and process a signed Letter of Direction to Transfer Securities.

Pertinent receiving account information:

Niagara Health Foundation
Custodian: TD Waterhouse
Account: PIC ISM account Number: 1HAMTJA
CUID: GIST
DTC: 5036

Note: Please send a copy of the Letter of Authorization or In-kind Charitable Donation Transfer form to TD Wealth. Attention: Simone Taddeo.

A charitable receipt will be issued for the value of the securities at the close of the business day on which they are invested with

Niagara Health Foundation
Charitable Registration Number: 89940 2697 RR0001

Please discuss estimated timing of transfer with your Investment Advisor, as this will vary depending on the delivering institution and time of year.

Donor Information

Name for charitable receipting purposes: _____

Full Address:

Phone: 905-323-FUND (3863) | foundation@niagarahealth.on.ca | www.NiagaraHealthFoundation.com



Welland (Head) Office:
65 Third St.
Welland, ON
L3B 4W6

Niagara Falls Office:
5546 Portage Rd.
Niagara Falls, ON
L2E 6X2

St. Catharines Office:
1200 Fourth Ave.
St. Catharines, ON
L2S 0A9

Port Colborne Office:
260 Sugarloaf St.
Port Colborne, ON
L3K 2N7

Broker/Agent Information

Dealer/Institution firm Name: _____

Broker/Agent Name: _____

Market Security Information

Name & Market Symbol: _____

Class (if any): Type (common, preferred, mutual fund, etc.): _____

Number (volume) of shares/units: Estate market value\$: _____

Print Name: _____ Signature: _____

Donation Date: _____

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