



Instructions for the Donor:

Re: Donation of Securities to Health Services Foundation of the South Shore

Donor's Account Name: _____ Account No: _____

Please accept this form as your authorization to transfer the following securities to Health Services Foundation of the South Shore, Account 274-10812-24 at CIBC Wood Gundy.

1. Security to be donated

Name: _____ Security Number: _____

Number of Shares/Units: _____ Certificate: Yes No

2. Security to be donated

Name: _____ Security Number: _____

Number of Shares/Units: _____ Certificate: Yes No

I authorize Health Services Foundation of the South Shore or its agent to contact my broker for purposes of concluding this transaction.

Broker Name: _____ Organization: _____

Address: _____

Phone: _____ Email: _____

CIBC Wood Gundy Delivery Information:

FINS - T079
CUID – WGDB
DTC - 5030
ABA # 021000018
DEALER : 9280

Donor Signature: _____ Date: _____

Name: _____

Address: _____

Postal Code: _____ Phone: _____

Please remember us when planning your will.
Supporting the Fishermen's Memorial Hospital and the South Shore Regional Hospital
P.O. Box 492, Bridgewater, N.S. B4V 2X6
Tel. (902) 543-8065 Fax (902) 543-1054
P.O. Box 1180, 14 High Street, Lunenburg, N.S. B0J 2C0