



# Dauphin Hospital FOUNDATION

Please complete the following information.

DONOR INFORMATION: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

TRANSFER  
INFORMATION: Delivering Institution: \_\_\_\_\_  
Account: \_\_\_\_\_  
Address: \_\_\_\_\_  
Advisor Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

DONATION DETAILS: Security Name: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_  
Approximate Value of Each Share: \$ \_\_\_\_\_  
Approximate Amount of Donation: \$ \_\_\_\_\_

GIFT DIRECTION: Endowed:  YES  NO

*Please release the above securities to the Dauphin General Hospital Foundation (The Foundation) as a donation in kind. I understand I will receive a tax receipt from The Foundation for the closing price of the securities on the date they are received by ScotiaMcLeod. These securities have been donated to the Foundation without restriction and can be sold by the Foundation at any time.*

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please deliver to:**

**ScotiaMcLeod  
40 King Street West  
PO Box 4085  
Station A  
Toronto, Ontario M5W 2X8**

**CUID: SCOT  
ACCOUNT: 500-13606-18**

*Established to support and enhance services and programs for the patient population of the Dauphin Regional Health Centre.*