IN-KIND DONATION TRANSFER FORM

Advisor's Name:		
Advisor's Firm:		
Advisor's Firm Address:		
RE: CLIENT NAME:		
CLIENT ADDRESS:		
Please accept this letter as	s authorization and	NT ACCOUNT NUMBER: direction to make a donation of oundation from the account number
The receiving account is receiving account are as f		Bank Financial. The details of the
Chatham-Kent Hospice Account #: 11ZXH8A CUID: NBCS DTC: 5008 FINS: T080 Dealer: 9139	Foundation	
Please process the donation	on of the following	securities:
DESCRIPTION OF SEC SECURITY TO BE DON		MBER OF SHARES OF
Signed at	, ON this	day of
Client Name:		Signature:

- 1. Please complete blank sections of this form with your broker.
- 2. Please instruct your broker to email a completed copy of this form to:
 - The Chatham-Kent Hospice Foundation Broker adam.watson@nbc.ca & wesley.babbitt@nbc.ca
 - The Chatham-Kent Hospice Foundation Executive Director jmaroney@chathamkenthospice.com
- 3. Please instruct your broker to initiate the transfer.

Client Name:

4. Any questions? Please contact Jodi Maroney, Executive Director at 519-354-3113 ext. 2402

Signature: