## IN-KIND DONATION TRANSFER FORM

Advisor's Name:		
Advisor's Firm:		
Advisor's Firm Address:		
RE: CLIENT NAME:		
CLIENT ADDRESS:		
CLIENT NON-REGISTERED	) INVESTME	NT ACCOUNT NUMBER:
<u>-</u>		direction to make a donation of <b>oundation</b> from the account number
The receiving account is held vertically receiving account are as follows		Bank Financial. The details of the
Chatham-Kent Hospice Four Account #: 11ZXH8A CUID: NBCS DTC: 5008 FINS: T080 Dealer: 9139	ndation	
Please process the donation of	the following	securities:
DESCRIPTION OF SECURIT SECURITY TO BE DONATE		MBER OF SHARES OF
Signed at	, ON this	day of
Client Name:		Signature:
Client Name:		Signature:

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