



ST. THOMAS ELGIN  
GENERAL HOSPITAL  
FOUNDATION

## LETTER OF AUTHORIZATION FROM DONOR TO BROKER

In order to initiate your stock transfer, please complete this form, send it to your broker, and return a copy to the attention of Joanne Beaton, Coordinator of Legacy & Leadership Giving, St. Thomas Elgin General Hospital Foundation at **Fax: 519.631.8372/Phone: 519.631.2030, x2727.**

All donated securities are sold upon receipt. The value of your charitable tax receipt is determined by the closing price of the securities on the day the Foundation receives them into our account.

Broker Name: \_\_\_\_\_

Broker Telephone: \_\_\_\_\_ Broker E-mail: \_\_\_\_\_

### Re: Electronic Transfer of Securities for Charitable Purposes

#### Transfer from:

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_

Donor's Name (Please Print): \_\_\_\_\_

#### Securities to be Donated:

Company Name: \_\_\_\_\_ # of shares: \_\_\_\_\_

CUSIP# \_\_\_\_\_

#### Receiving Institution Information:

CIBC ACCOUNT TRANSFER DEPT  
161 Bay Street, 4<sup>th</sup> Floor  
BCE Place, P.O.Box 500  
Toronto, Ontario M5J 2S8

Re: St. Thomas Foundation General Fund Account #449-9805416

Delivery Instructions: FINS#T079 DTC#5030

CUID: WGDB EUROCLEAR: 10034

FEDWIRE: BK OF NYC/WGI

ABA# 021000018

DEALER #9280 REP CODE: EUA

CONTACT: THOMAS FOX

Tel: 519 631-2508, Fax: 519 631-6082 Toll Free 1-800-267-3267

E-mail: [Thomas.fox@cibc.ca](mailto:Thomas.fox@cibc.ca)

I authorize the St. Thomas Elgin General Hospital Foundation or its agent to contact my broker for purposes of concluding this transaction as soon as possible.

**Donor/Client:**

Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Gift Designation:**

- Top priorities of the St. Thomas Elgin General Hospital, or
- Specific fund or Purpose \_\_\_\_\_

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