



To initiate your gift of securities transfer, please complete this form and send it to your advisor. Your advisor will be able to provide certain information such as the CUSIP and FINS numbers and will send the completed form to the Foundation on your behalf.

Unexpected and/or unidentifiable transfers may make it difficult for the Foundation to issue the appropriate tax receipt. Contact the Foundation at (306) 786-0506 or toll free at 1-800-636-3243 with any questions about the gift of securities transfer process or fax this form to our office at (306) 786-0508.

All donated securities are sold upon receipt. The net proceeds from our sale of your donated securities will be directed to the area of greatest need or to the area you designate. The amount of your charitable gift receipt is determined by the closing price on the day the securities transfer into our account.

Your advisor may contact Credential Securities with any questions:

Derrick Larsen (306) 782-4112 or derrick.larsen@cornerstonecu.com or simply fax this form to Credential Securities at: (306) 783-1294

Gift of Securities to The Health Foundation of East Central Saskatchewan, Inc. (Canadian Listed Securities only)

ADVISOR / DELIVERING INSTITUTION INFORMATION

Name of Firm: _____ FINS # _____
 Contact Name: _____
 Phone: (____) _____ Fax: (____) _____
 Client Account Number: _____

DONOR/CLIENT/ESTATE INFORMATION

Legal name(s) for charitable receiving purposes (please print):
 _____ Phone: (____) _____
 Mailing Address: _____
 Estate Contact Name: _____ Phone: (____) _____

INSTRUCTIONS TO ADVISOR/DELIVERING INSTITUTION

I hereby give authority to deliver **free** the following securities to Credential Securities (FINS#:T033 CUIDS: CRED) for credit to **The Health Foundation brokerage account # 2P6747A2. Please deliver free of transfer fees:**

Security: _____ In Kind
 CUSIP# _____ Market Symbol: _____ # of Shares/Units to transfer: _____

DONATION DESIGNATION

Area of Greatest Need
 Specific Area or Purpose: _____

AUTHORIZATION OF DONOR(S)/CLIENTS(S)

Signature Day Month Year

Signature Day Month Year

Witness to signature(s) Day Month Year

Witness Name (please print)