

### GIFT OF SECURITIES

NOTE: To ensure proper receipting, send Letter of Direction and Authorization to:  
Tamara Wudrick, [tamara.wudrick@grhosp.on.ca](mailto:tamara.wudrick@grhosp.on.ca) or fax 519-749-4354

You will receive a charitable donation receipt for the value of your gift of publicly listed securities to the Grand River Hospital Foundation (GRHF). Please seek professional advice regarding tax treatment of your gift.

#### Transfer of Securities

If the securities are to be transferred electronically, please authorize your broker with a signed Letter of Direction and Authorization to transfer the securities to the Foundation's RBC account. The Foundation will also require a copy of the Letter of Direction.

#### GRH Foundation Broker:

RBC Dominion Securities  
Royal Bank Plaza,  
North Tower, 6<sup>th</sup> Floor  
Toronto, ON M5J 2W7

#### RBC Contact:

Diane Looman  
Email: [diane.looman@rbc.com](mailto:diane.looman@rbc.com)  
Phone: 519-747-4252

<i>Securities Account Number:</i>	561-31377-1-9
<i>Account Name</i>	Grand River Hospital Foundation
<i>FINS Number:</i>	T002
<i>DTC Number:</i>	5002
<i>CUID Code:</i>	DOMA
<i>Charitable Business Number:</i>	88918 0394 RR0001

#### For the transfer of mutual funds, reference:

Dealer Code Number:	9190	Rep Code Number:	GY8
---------------------	------	------------------	-----

#### Determining the Value

For electronic transfers, the Foundation will provide the donor with a receipt for their donation using the market close on the date of transfer.

For additional information please contact:  
Tamara Wudrick, 519-749-4300 Ext. 2743  
[tamara.wudrick@grhosp.on.ca](mailto:tamara.wudrick@grhosp.on.ca)



835 King Street West  
Kitchener, ON N2G 1G3  
Phone: 519.749.4205  
Fax: 519.749.4354  
www.grhf.org

## DONATION OF SECURITIES Letter of Direction and Authorization

Please accept this document as official confirmation that \_\_\_\_\_  
*# of shares/units*

shares/units of \_\_\_\_\_, held by  
*Stock/Bond/Mutual Fund*

\_\_\_\_\_ are to be donated to Grand River Hospital Foundation.  
*Donor Name*

*The market close on the date of transfer will be the date used to value the gift for income tax purposes.*

\_\_\_\_\_  
Donor Name (please print)

\_\_\_\_\_  
Gift Designation

\_\_\_\_\_  
Address

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
City, Province

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
E-mail

**Please e-mail, fax or mail a copy of this form to:**

**Grand River Hospital Foundation  
Attn: Tamara Wudrick  
835 King St. W.  
Kitchener, ON N2G 1G3**

**Phone: 519-749-4300 x2743  
Fax: 519-749-4354  
tamara.wudrick@grhosp.on.ca**