

Notification of Gift of Securities to the Tillsonburg District Memorial Hospital Foundation

I hereby notify the Tillsonburg District Memorial Hospital Foundation of my intent to donate the following securities *(please print)*

Name _____

Street Address _____

City _____ Postal Code _____

Tel (B) _____ (H) _____

Fax _____ E-mail _____

Signature _____

By this signature, I confirm that I wish to donate the securities listed and have instructed my broker to effect the transfer above.

Donor's Broker Information:

Broker's Name _____

Broker's Company _____

Tel _____ Fax _____

e-mail _____

Please mail, fax or deliver this form to:

David Corner, Director of Development Tillsonburg
District Memorial Hospital Foundation
167 Rolph Street, Tillsonburg, ON N4G 3Y9
T: 519-842-3611 ext. 311 F: 519-842-6733

**Broker Transfer Notification to the
Tillsonburg District Memorial Hospital
Foundation**

To My Broker: _____

Company Name: _____

Tel _____ Fax _____

E-mail _____

I hereby authorize the transfer of the following securities:

From My Account Number: _____

Approximate Transfer Date:

Transfer to: The Tillsonburg District Memorial Hospital Foundation _____

Date: _____

Signature: _____