



ELDERCARE FOUNDATION

GIFTS OF MUTUAL FUNDS TO ELDERCARE FOUNDATION OF VANCOUVER ISLAND

*** Please complete this form and forward to your broker/custodian/investment representative/financial institution for processing. Upon receipt of this form, it is asked that broker/custodian/investment representative/financial institution processing delivery submit a copy to Eldercare Foundation of Vancouver Island so that we may notify our custodian of the impending transfer:

Email Tania@EldercareFoundation.org or Fax 250-519-5321 Attn: Tania Fritz

Donor Information:

Name: _____ Daytime telephone: () _____

Address: _____ Evening telephone: () _____

City: _____ Province: _____ Postal code: _____

Fund Information and Donor Authorization: Donor Account # _____

Name of delivering institution: _____ Contact name: _____

Contact ph.: () _____ Fax: () _____ Date of Transfer: _____

Name of Mutual Fund Issuer, Fund Name & Fund Number

(i) _____ No. of units/dollar amount: (i) _____

(ii) _____ No. of units/dollar amount: (ii) _____

This gift is made in support of:

- Area of Greatest Need/Unrestricted
- Equipment
- Other _____

I wish to make a charitable gift consisting of Mutual Funds to Eldercare Foundation of Vancouver Island. Further to this, please accept this form as my authorization for you to transfer in-kind, the above listed Mutual Funds from my account to the Eldercare Foundation of Vancouver Island's custody account held at Scotiabank (re-registration / delivery details below). It is my understanding that this transfer and gifting represents a disposition for which I will be provided with a donation receipt from Eldercare Foundation of Vancouver Island. The amount of the receipt will be based on the value as of the close of trading on the date the mutual funds are transferred into the name of the Eldercare Foundation of Vancouver Island.

Signature of Client: _____ Name: _____ Date: _____

Transfer Information for Eldercare Foundation of Vancouver Island:

Please issue P/A to reregister the funds into the name of and fax to Scotiabank Account Transfer Department at 416-863-7518.

Bansco & Co I/T Eldercare Foundation of Vancouver Island
40 King Street West
23rd Floor
Toronto, ON M5H 1H1

Intermediary Account Number: 7806982414
Intermediary Code: BNSG
Dealer: 9155
Rep: RCC

If you have any questions or concerns, please contact **Tania Fritz at Eldercare Foundation, via the contact information above.**