

# FOUNDATION GIFT OF SECURITIES



Please complete this form and send it to your Broker.  
Please also fax a copy of your completed form to 519-843-8187 or scan and email form to [bonnie@grovesfoundation.com](mailto:bonnie@grovesfoundation.com) or print and return by mail to the address located at the bottom of this document.

I / We would like to make a contribution of \$ \_\_\_\_\_ in gifts of securities to Groves Hospital Foundation.

I/We would like our donation to be directed towards:  Equipment Fund  Other

## DONOR INFORMATION

Name of Donor: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone # (Home): \_\_\_\_\_ Phone # (Bus): \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employee Title: \_\_\_\_\_  
Recognition Name: *(Name to appear on donor listings, if different from above)* \_\_\_\_\_

I wish to remain anonymous.

Would you like to receive invitations to Groves Hospital Foundation Events?  Yes  No

Would you like to receive our print newsletters? They are sent twice a year.  Yes  No

## DONOR BROKER INFORMATION

Delivering Institution: \_\_\_\_\_  
Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone # (Bus): \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

## SECURITIES TO BE DONATED

Name & Type of Security: \_\_\_\_\_  
# of Units or Shares: \_\_\_\_\_ CUSIP (required) \_\_\_\_\_

*Please be advised that the value of the donation will be based on the closing price of the security, on the day the securities are received in Groves Hospital Foundation's brokerage account.*

## GROVES HOSPITAL FOUNDATION BROKER INFORMATION

Name of Firm:	<u>Aviso Wealth (Credential Qtrade Securities Inc.)</u>	Account #:	<u>534787A1 – Cash Trading - CAD</u> <u>534787B1 – Cash Trading - USD</u>
Contact Name:	<u>Gina Masciarelli</u>		
Email Address:	<u><a href="mailto:gmasciarelli@aviso.ca">gmasciarelli@aviso.ca</a></u>		
Phone #:	<u>647-317-5722</u>	Cell #:	<u>647-214-1935</u>

## DONOR RELEASE

I authorize the transfer of these securities to Groves Hospital Foundation. Groves Hospital Foundation may contact my broker for the purpose of this transfer.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

An official tax receipt will be issued for your gift. Groves Hospital Foundation respects your privacy. Our staff will always ensure to hold all donor information in strict confidence in accordance with all privacy legislations. Your name will be taken off any and all internal lists if you provide written request. If you have any questions about our Privacy Policy, your gift and/or our programs please contact Bonnie Bois, Foundation Assistant, Groves Hospital Foundation at 519-843-2010 ext. 47701 or by email at [bonnie@grovesfoundation.com](mailto:bonnie@grovesfoundation.com).

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## THANK YOU FOR YOUR SUPPORT!

<b>FOR OFFICE USE ONLY</b>	<b>RE #:</b>		<b>FUND:</b>	
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To donate your gift of stock to Groves Hospital Foundation, please follow these three steps:

### STEP ONE:

Complete all sections of the Gift of Securities Form (found on the previous page)

*Please note:* For privacy reasons, your broker cannot disclose your name to us, so please complete the above Donor Information section. Please include our daytime phone number with your area code. Your advisor will provide you with an identification number, which will act as a transaction number for tracking of your transfer, if needed.

### STEP TWO:

Fax, email, or mail the completed **Gift of Securities Form** to the broker and/or advisor who is responsible for initiating the transfer.

### STEP THREE:

In order to facilitate the transfer of securities and to ensure Groves Hospital Foundation is able to issue your official tax receipt, please return a copy of your completed form to Bonnie Bois, Foundation Assistant of Groves Hospital Foundation.

Forms can be faxed to **519-843-8187** or scanned and emailed to [bonnie@grovesfoundation.com](mailto:bonnie@grovesfoundation.com)

They can also be mailed to:

**Bonnie Bois**  
**Foundation Assistant**  
Groves Hospital Foundation  
131 Frederick Campbell Street  
Fergus, ON  
N1M 0H3

An official tax receipt will be issued for your gift. Groves Hospital Foundation respects your privacy. Our staff will always ensure to hold all donor information in strict confidence in accordance with all privacy legislations. Your name will be taken off any and all internal lists if you provide written request. If you have any questions about our Privacy Policy, your gift and/or our programs please contact Bonnie Bois, Foundation Assistant, Groves Hospital Foundation at 519-843-2010 ext. 47701 or by email at [bonnie@grovesfoundation.com](mailto:bonnie@grovesfoundation.com).

131 Frederick Campbell Street, Fergus, ON N1M 0H3 Telephone: 519-843-2010 ext. 47701  
[www.grovesfoundation.com](http://www.grovesfoundation.com) Charitable Business Number: 86359 7357 RR0001