

Gifts of Securities Donation Form

Donor Information:

Name:			
Address:			City:
Province:	Postal Code:	Residence Telephone:	
Daytime Telephone:		e-mail:	

Donor's Brokerage Information

Brokerage Firm:	
Name of Broker:	Phone Number:
Donor's Account Number	

Securities Transfer Information Marigold Hospice Care - 13808 3209 RR0001

Account Number: 20060931	CUID: DOMA	DTC: 5002
Dealer Code: 9190	Rep Code: N/A	
Name of Security:	Number of Shares:	
CUID#:	Symbol & CUSIP #:	
*Approximate Value of Each Share:	*Approximate Value of Total Gift:	
Date Transfer to be Initiated:		

Please designate this gift to: Marigold Hospice Care

Recognition:

☐ I would like my name to appear as _____ in public donor listings.	
☐ I would like my gift to remain anonymous	
Signed:	Date:

** A charitable tax receipt will be issued based on the closing price of the securities on the date that the securities are received by Marigold Hospice Care.*

Please complete and email this form to:

Marigold Hospice Care
Melodie Zarzeczny
admin@marigoldhospicecare.ca

THANK YOU FOR YOUR GENEROUS SUPPORT