MARIGOLD
HOSPICE CARE

For Marigold Hospice Care use only

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**	**RBC Direct Investing - 800-769-2560**
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

Charitable Registration Number: 13808 3209 RR0001