

STOCKS DONATION FORM

Fill out the form and return it by fax at 450 672-1716 or by email at fondation@fhclm.ca

IMPORTANT: REMEMBER TO FILL OUT AND SIGN THE STATEMENT OF DONATION IN SECTION 5 AND TO RETURN A COPY TO YOUR BROKER AS WELL.

1. DONOR'S CONTACT INFORMATION

Last name:	First name:
Address:	City:
Province:	Postal code:
Telephone (home):	Telephone (office):
Cell phone:	Email:

2. DESCRIPTION OF DONATION

Name of securities:	Quantity:
Serial number:	Evaluation at the time of transfer:

3. CONTACT INFORMATION OF THE DONOR'S BROKER

Last name:	First name:
Company name:	Telephone:
Fax:	Email:
Donor's account number:	

4. ELECTRONIC TRANSFER OF STOCKS TO THE ACCOUNT OF THE FONDATION HÔPITAL CHARLES-LEMOYNE

NATIONAL BANK FINANCIAL – 9160, boulevard Leduc, suite 710, Brossard (Québec) J4Y 0E3

Broker: Bernard Dallaire	Telephone: 450-462-6364
Assistant: Annie Gola	Telephone: 450-462-6368
CAD account number: 1B36R3A	US account number: 1B36R3B
CUID: NBCS	DTC: 5008

5. STATEMENT OF DONATION TO THE FONDATION HÔPITAL CHARLES-LEMOYNE

I, the undersigned, _____, declare that the above
(LAST NAME AND FIRST NAME IN CAPITAL LETTERS)

mentioned assets belong to me and may be used at my discretion, and that I am donating these assets to the Fondation Hôpital Charles-LeMoynes, a charitable organization registered under number 13460 7936 RR00001, headquartered at 3120, boulevard Taschereau, Greenfield Park (Québec) J4V 2H1. Done and signed in

_____, on _____
(CITY) (DAY, MONTH, YEAR)

(DONOR'S SIGNATURE)

SECTION TO BE FILLED OUT BY THE FONDATION HÔPITAL CHARLES-LEMOYNE

We, the undersigned, _____
(LAST NAME AND FIRST NAME IN CAPITAL LETTERS)

declare that we are authorized to receive the above-mentioned stocks on behalf of the Fondation Hôpital Charles-LeMoynes and/or to take the necessary steps to ensure that they are transferred to our account. Upon acceptance of the donation, Fondation Hôpital Charles-LeMoynes will issue a tax receipt for a charitable donation.

Done and signed in _____, on _____
(CITY) (DAY, MONTH, YEAR)

SIGNATURE (FONDATION HÔPITAL CHARLES-LEMOYNE)