

Complete this form with the correct transfer information for your gift and instruct your broker to transfer your securities. In order to facilitate the transfer and ensure you receive your official tax receipt, please return a copy of the completed form to Christina Harley, VP Development at YMCA of Southwestern Ontario at christina.harley@swo.ymca.ca.

Donor Information				
First Name:	Last Name:			
Mailing Address:				
City:	Province:	Postal Code:		
Phone: Email: Alternative Contact Person	on:			
Description of Securities				
This letter will confirm my intention to	donate the following s	ecurities to the YMCA o	of Southwestern Ontario:	
Security Description:	Quantity	Fund Code	CAN \square US \square	
Security Description:	Quantity	Fund Code	CAN \square US \square	
Broker Information				
Name of Firm:	FINS#:	Fax:		
Name of Broker:	Broker Email:		Phone:	
Account Name:	Client	Client Account Number:		
Gift Designation ☐ Highest Needs of the YMCA of South ☐ Specific Designation:	nwestern Ontario			
Donor Authorization: I understand that I will receive a charita price of the shares on the day the share firm. In order to receive a charitable tax Southwestern Ontario account no late transferred to YMCA of Southwestern of	es are received/transfei x receipt for calendar yo r than December 24th,	rred to the YMCA of Soc ear, the shares must be of the same calendar y	uthwestern Ontario brokerage transferred to the YMCA of	
Signature:	Date:			
Recognition: ☐ You may recognize my name publicl ☐ I prefer that my gift remain anonymo	•			
To transfer securities, please advise	your broker of the fol	lowing details:		
YMCA of Western Ontario/YMCA of Sou Account: # 641-45981-17 Broker	uthwestern Ontario CUID DOMA			

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