

Download and 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 Conta	act Person:		
Description of Securities			
This letter will confirm my inter	ntion to donate the following s	securities to the YMCA	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 a specific Designation:	of Southwestern Ontario		
Donor Authorization: I understand that I will receive price of the shares on the day the firm. In order to receive a charical Southwestern Ontario account transferred to YMCA of Southwestern	he shares are received/transfe table tax receipt for calendar y no later than December 24th,	rred to the YMCA of So ear, the shares must b of the same calendar	outhwestern Ontario brokerage e transferred to the YMCA of
Signature:	Date:		
Recognition: ☐ You may recognize my name ☐ I prefer that my gift remain a			
To transfer securities, please	advise your broker of the fo	llowing details:	
YMCA of Western Ontario/YMC Account: # 641-45981-17	A of Southwestern Ontario Broker CUID DOMA		

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