

# Charitable Donation of Securities in Kind

* Mandatory Fields Donor/Transferor Information				
Primary Account Holder - Last Name *		First Name *		Telephone (    )
Joint Account Holder - Last Name *		First Name *		Telephone (    )
Street Address		City	Prov.	Country
				Postal Code
Financial Institution Contact *			Telephone *	Email
			(    )	
Financial Institution Name *			Account No. *	CUID
Charitable Organization/Transferee Information				
Name of Charitable Organization / Transferee *				
Algonquin College of Applied Arts & Technology				
Street Address *		City *	Prov. *	Country *
1385 Woodroffe Ave, Room C507		Nepean	ON	Canada
				Postal Code *
				K2G 1V8
Charity Contact *			Telephone *	Email
Ruth Read (Ext. 6924)			( 613 ) 7274723	readr@algonquincollege.com
Financial Institution Contact *			Telephone *	Email
Sonam Khatgarh (Ext. 09516)			( 1514 ) 3945000	NBINwestsupport@nbc.ca
Financial Institution *			Account No. *	CUID
National Bank Independent Network			6C42AYA (CAD); 6C42AYB (USD)	NBCS
Additional Settlement Instructions (as required)		<input type="checkbox"/> see attached *		
Request Details				
<ul style="list-style-type: none"> <li>Please accept this form as authorization to gift/transfer the following securities/cash held in my/our account to the transferee account indicated above.</li> <li><b>Note:</b> Quantity should indicate <b>share</b> amounts for stocks, mutual funds and bonds.</li> </ul>				
Quantity *	Security Description *		CUSIP/Symbol/Fund Code *	
Additional Information		<input type="checkbox"/> see attached *		
Information about Donations				
<b>NOTE:</b> Donations of securities are done on a best efforts basis. Where a donation is requested involving one or more external institutions, we can not guarantee the delivery of assets in a predetermined specified time resulting in possible market fluctuations.				
Donation/Transfer Authorization				
Primary Account Holder Signature *			Date *	
Joint Account Holder Signature *			Date *	

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