



HOSPITALS OF REGINA
FOUNDATION

Better lives.
Made possible by you.

To initiate your gift of securities transfer, please complete this form and send it to your advisor. Your advisor will be able to provide certain information such as the CUSIP and FINS numbers and will send the completed form to the Foundation on your behalf.

Unexpected and/or unidentifiable transfers may make it difficult for the Foundation to issue the appropriate tax receipt. Contact the Foundation at (306) 781-7500 or toll free at 1-888-766-7500 with any questions about the gift of securities transfer process or fax this form to our office at (306) 781-7504.

All donated securities are sold upon receipt. The net proceeds from our sale of your donated securities will be directed to the area of greatest need or to the area you designate. The amount of your charitable gift receipt is determined by the closing price on the day the securities transfer into our account.


Please note that with the exception of complex transfers and proprietary funds, all transfers initiated within 30 days of the end of a calendar year will be receipted in that same calendar year.

Your advisor may contact RBC Dominion Securities with any questions:

- Jack Good at (306) 777-0528 or john.goodjr@rbc.com
- Mark Stefan at (306) 791-9241 or mark.stefan@rbc.com
- Carissa Robins at (306) 777-0503

or simply fax this form to RBC at (306) 757-2606.

Gift of Securities to the Hospitals of Regina Foundation

(Canadian listed securities only) 

ADVISOR/DELIVERING INSTITUTION INFORMATION

Name of Firm: _____ FINS # _____

Contact Name: _____

Phone: (____) _____ Fax: (____) _____

Client Account Number: _____

DONOR/CLIENT/ESTATE INFORMATION

Legal name(s) for charitable receiving purposes (please print):
_____ Phone: (____) _____

Mailing Address: _____

Estate Contact Name: _____ Phone: (____) _____

INSTRUCTIONS TO ADVISOR/DELIVERING INSTITUTION

I hereby give authority to deliver **free** the following securities to RBC Dominion Securities (**FINS#: T002 CUIDS: DOMA**) for credit to **Hospitals of Regina Foundation brokerage account # 772-18654-13**. Please deliver **free of transfer fees**:

Security: _____ In Kind

CUSIP# _____ Market Symbol: _____ # of Shares/Units to transfer: _____

DONATION DESIGNATION

- Area of Greatest Need**
- Specific Area or Purpose:** _____

AUTHORIZATION OF DONOR(S)/CLIENTS(S)

Signature Day Month Year

Signature Day Month Year

Witness to signature(s) Day Month Year

Witness Name (please print)