



GIFT OF SECURITIES

TRANSFER AUTHORIZATION FORM

1. DONOR INFORMATION

Name: _____

Phone: _____

Address: _____

2. DONOR'S BROKER INFORMATION

Institution Name: _____

Phone: _____

Name of Security: _____

of Units: _____

Account Number: _____

Approx. Value of Each Unit: \$_____

Approx. Total Value of Donation: _____

Date of Transfer to St. Thomas Elgin Food Bank Account: _____

3. ST. THOMAS ELGIN FOOD BANK BROKERAGE ACCOUNT AT SCOTIAMCLEOD

Contact Name: Tammy Jackson, ScotiaMcLeod, Pillar Advisory Group

Branch: One London Place, 255 Queens Avenue, Suite 900
London, ON N6A 5R8

Phone: 519.660.3215 Fax: 519.660.3208

Account No.: 467-60124-14 CDS Participant (FINS) #: T085

Dealer No. 9155

Rep Code 3M4

CUID SCOT

4. DONOR AUTHORIZATION

Donor Signature

Date

Donor Signature

Date