



GIFT OF SECURITIES

TRANSFER AUTHORIZATION FORM

1. DONOR INFORMATION

Name: _____

Phone: _____

Address: _____

Email 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

Charitable Organization Number
82366 8587 RR0001

24 John Street, St. Thomas, Ontario N5P 2X3