



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 SCOTIACLEOD

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