



**Charitable Donation of Securities In-Kind And Physical Certificates**

Please complete this form for use as Authorization to facilitate a timely transfer. Transfer requests that do not contain the information requested herein may result in delayed deliveries. Please ensure a copy of any necessary supporting documentation is attached to your transfer, such as a Power of Attorney if the signing authority for an account differs from the client of record etc.

Initial Contribution     Additional Contribution     Third Party Contribution

Donor-Advised Account Name

Donor-Advised Account Number

Advisor Name

Advisor Phone Number

**Information Required for Third Party Donor Only**

**Note: The third party donor section is ONLY to be completed if the charitable tax receipt is to be issued to someone other than the primary accountholder.**

Mr.  Mrs.  Miss.  Ms.  Dr.  Prof.  Corporation (Provide photocopy of Corporate Resolution and Articles of Incorporation.)

First Name

Initial

Last Name

Mailing Address

City

Province

Postal Code

( )

Phone Number

Citizenship

All information collected for third party donors is used for the purposes of informing the donor-advisor, processing your donation, and issuing an official donation receipt in compliance with Canada Revenue Agency policies.

**Please transfer the following securities:**

Security Description: \_\_\_\_\_ Quantity: \_\_\_\_\_ CUSIP/ISIN: \_\_\_\_\_

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Security Description: \_\_\_\_\_ Quantity: \_\_\_\_\_ CUSIP/ISIN: \_\_\_\_\_

(for Bonds please include interest rate and maturity)

**Delivering Institution Information (not required for physical certificates)**

Delivering Institution Name: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name at Delivering Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(if delivering a physical certificate, please attach a copy of this addendum with physical certificate)

**Receiving Institution** (For internal use only - to be completed by back office)

Is this an existing Inter-Account Transfer?  Yes  No

Receiving Institution Name: TD Waterhouse Canada Inc.

TD Waterhouse CUID - GIST TD Waterhouse DTC - 5036 TD Waterhouse Account Number: 81W877A

Contact Name: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Additional Information** (Please include any special instructions):  
\_\_\_\_\_  
\_\_\_\_\_

**Direction: Endowment Gift**

I hereby give the above indicated securities (the "Endowment Gift") absolutely to the Private Giving Foundation, subject to a condition that this gift shall be held and invested for a period of not less than ten years and the Private Giving Foundation shall have the discretionary right to use this gift during this hold period as set out below.

During the ten year period following my gift, the Private Giving Foundation may apply for its charitable purposes such portion of the gift or property substituted for it as determined by the Board of Directors each year in accordance with its disbursement policy as amended from time to time.

**Contributor's Authorization:**



Contributor's Signature

Date (mm/dd/yyyy)

**Instructions for faxing the completed Application Form can be referenced at the Private Giving Foundation Resource Centre.**

The services of the Private Giving Foundation, an independent, non-profit charitable corporation, are offered in co-operation with TD Wealth. TD Wealth represents the products and services of TD Waterhouse Canada Inc. (Member - Canadian Investor Protection Fund), TD Waterhouse Private Investment Counsel Inc., TD Wealth Private Trust (offered by The Canada Trust Company) and TD Wealth Private Banking (offered by The Toronto-Dominion Bank).  
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