

## **Gifts of Securities Transfer Form**

ame			
Address	City/Town	Province/State	Postal/Zip Code
Phone	Fax	Email	
Brokers Name	Financial Institution	Donor's Account #	
Broker's Address	City/Town	Province/State	Postal/Zip Code
Broker's Phone	Fax	Email	
: Type of Securities to be t	transferred in kind:		
	transferred in kind: as of (Name of Security)	to <b>Muskoka Comn</b>	nunity Foundation
Donateshare <b>(</b> Number)	s of	to Muskoka Comn	nunity Foundation
Donateshare (Number) Approximate Date of Transfer	s of		
Donateshare (Number) Approximate Date of Transfer **A charitable tax receipt will be i	ns of (Name of Security)		

Email completed form to: Laura Roncone – <u>laura.roncone@nbpcd.com</u>, Allison Jarvie – <u>allison.jarvie@nbpcd.com</u> or Christina Su – <u>christina.su@nbpcd.com</u>

Date:\_\_\_\_\_

Signature of Donor:\_\_\_\_\_

Muskoka Community Foundation \* 440 Eccelstone Drive, Bracebridge, ON, P1L 1Z6 \* Canada Tel: 705-646-1220 \* <u>info@muskokacommunityfoundation.ca</u> \* <u>www.muskokacommunityfoundation.ca</u> Charitable Registration # 840597751RR001