



GIFTS OF SHARES & SECURTIES – TRANSFER REQUEST

Direct Transfer

I/We hereby authorize (name of brokerage firm)

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____ Date of Transfer: _____

To Transfer from my account number: _____

Quantity	Name	Symbol (if known)
_____	_____	_____
_____	_____	_____
_____	_____	_____

To the account of Hospice Calgary Society: Account 01541519

Gift Designation (Check which applies)

- Where Most Needed
- Rosedale Hospice
- Children’s Grief Centre
- Living with Advanced Illness Centre
- Specific Campaign _____

Donor’s Name(s): _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Signature(s): _____



Please send one completed copy of this form to Melissa Watamanuk at Hospice Calgary by mail or email melissa.watamanuk@hospicecalgary.ca .

**Hospice Calgary Society - Charitable Registration #11896 3669 RR0001
1245 – 70 Avenue SE, Calgary, Alberta, T2H 2X8**

Phone: 403-263-4525 Fax: 403-263-4524 Website: www.hospicecalgary.ca

Once approved, the form will be sent to Peters & Co to complete the sale
Kim Bottrell, Private Client Assistant
2300 Jamieson Place, 308 Fourth Avenue SW
Calgary, AB T2P 0H7
CUID # PECC
DTC #: 5014
(403) 261-2236