

Charitable Donation of Securities in Kind

* Mandatory Fields					Donor/Transferor Information				
Primary Account Holder - Last Name *			First Name *			Telephone			
Joint Account Holder - Last Name *			First Name *			Telephone			
Street Address			City		Prov.	Country	Postal Code		
Financial Institution Contact *					Telephone *		Email		
Financial Institution Name *					Account No. *		CUID		
Charitable Organization/Transferee Information									
Name of Charitable Organization / Transferee *									
RIGHT TO LEARN AFGHANISTAN									
Street Address *			City *		Prov. *	Country *	Postal Code *		
PO BOX 15007 ASPEN WOODS			CALGARY		AB	CANADA	T3H 0N8		
Charity Contact *					Telephone *		Email		
CHERI BURKE-GAFFNEY					(403) 2445625		accounting@cw4wafghan.ca		
Financial Institution Contact *					Telephone *		Email		
KAREN ROUTLEDGE					(587) 7476624		karen.routledge@wellington-altus.ca		
Financial Institution *					Account No. *		CUID		
NBF Inc (NBIN Division)					2R-03HN-A		NBCS		
Additional Settlement Instructions (as required)			☐ see attached *						
Request Details									
- Please accept this form as authorization to gift/transfer the following securities/cash held in my/our account to the transferee account indicated above. Note: Quantity should indicate share amounts for stocks, mutual funds and bonds.									
Quantity *	Security Description *				CUSIP/Symbol/Fund Code *				
Additional Information			☐ see attached *						
Information about Donations									
NOTE: Donations of securities are done on a best efforts basis. Where a donation is requested involving one or more external institutions, we can not guarantee the delivery of assets in a predetermined specified time resulting in possible market fluctuations.									
Donation/Transfer Authorization									
Primary Account Holder Signature *						Date *			
Joint Account Holder Signature *						Date *			

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