

CHARITABLE DONATION

**Receiving Broker Information:**

Broker: John Mayo  
Associate: Cindy Bruce  
Ph #: 705 326 0891  
Fax #: 705 326 2218  
BMO Nesbitt Burns  
Orillia  
Account #: 575 05436 12  
Account Name: Mariposa House Hospice  
FINS – T009  
CUID – NTDT

*Shares being donated*

Name: \_\_\_\_\_ Quantity: \_\_\_\_\_ ADP \_\_\_\_\_

*Please advise donation by forwarding a copy of this form to:*

*[Cynthia.bruce@nbpcd.com](mailto:Cynthia.bruce@nbpcd.com) or  
[Krista.hann@nbpcd.com](mailto:Krista.hann@nbpcd.com) or  
fax to 705 326 2218*

RELINQUISHING INSTITUTION

Company Name:

Broker Name:

Ph #:

Fax #:

FINS:

CUID:

Client/Donor name:

Client/Donor Account #:

*Please send charitable donation tax receipt to:*

DONOR INFORMATION –

NAME:

ADDRESS:

SPECIAL REQUESTS:

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Donor Signature(s)