

DONATION AUTHORIZATION FORM

Electronic Transfer Form

Please return the completed for	office of the office	nu at the	IVIOII	tiort i ouric	iation.	Juliai	<u>lu</u> @l	ПОІ	itiort.on.c	
PERSONAL INFORMA	TION OF DO	ONOR								
Last name	First name									
Last Hame		Trist name								
Address C		ity			Provin	ice Post		al Code		
Telephone	Cell		Email							
IDENTIFICATION OF	THE TRANS	FEROR								
Institution name			Account number							
Address			City		Pr	ovince		Pos	tal Code	
Contact name			Telephone							
Email										
DONATION DETAIL										
DONATION DETAIL										
Detail of securities		1								
Value at the date of transfer		Quantity			CAN				USD	
X										
Donor signature			Date : day/mo/year							
INFORMATION FOR E	HECTRONIC	TDAN	CEE	D						
INFORMATION FOR E	LECTRONIC	IKAN	SFE	ĸ						
BMO Nesbitt Burns	490-32800-16			NTDT		T009				
Transferee	Account number			CUID	FINS					
11892 1642 RR 0001	Anka Nicol		613-562-6449							

For any question, contact Julie Briand at 613-746-4621, ext. 2009.

Charitable registration number Contact information