



Foundation Account Charitable Donation of Securities in Kind

Please complete this form as authorization to Canada Gives to facilitate a timely transfer. Please ensure a copy of any necessary supporting documentation is attached, such as a Power of Attorney if applicable. If delivering physical certificates, please attach a copy of this form with the physical certificates.

- Initial Donation
 Additional Donation
 Third Party Contribution (see over)

Delivering Institution Information

Name (of Institution): _____

DTC# _____ and CUID# _____

Account Name: _____

Account Number: _____

Contact Name: _____

Contact Phone Number: _____

Email: _____

Receiving Institution Information

Name (of institution): _____

DTC# _____ and CUID# _____

Account Name: _____

Account No: (please select) 7L7491A – CAD or 7L7491B – USD

Contact Name: _____

Contact Phone Number: _____

Email: _____

PLEASE TRANSFER THE FOLLOWING SECURITIES TO CANADA GIVES
 As listed below
 List attached

In Kind donations of securities to Canada Gives can include shares in public companies, units of mutual funds or bonds. If you are donating bonds, please include interest rate and maturity.

Security Description	Symbol and/or Certification No. or Policy No.	Quantity
<input type="checkbox"/> Shares/Units _____	_____	_____
<input type="checkbox"/> Bonds _____	_____	_____
Security Description	Symbol and/or Certification No. or Policy No.	Quantity
<input type="checkbox"/> Shares/Units _____	_____	_____
<input type="checkbox"/> Bonds _____	_____	_____
Security Description	Symbol and/or Certification No. or Policy No.	Quantity
<input type="checkbox"/> Shares/Units _____	_____	_____
<input type="checkbox"/> Bonds _____	_____	_____

FINANCIAL DIRECTION AND SIGNATURE SECTION

I hereby give this donation absolutely to Canada Gives, a public foundation registered as a charity in Canada under the Income Tax Act (Canada). This donation to Canada Gives is for deposit to Johnny Rabba Foundation, a donor advised fund, and represents an irrevocable contribution that is not refundable for any reason.

By signing below, I acknowledge my complete understanding and acceptance of the terms outlined on this form. If signed by an officer of a corporation, the undersigned represents that he/she is a duly authorized signing officer for such corporation.

Signature _____ Date (dd/mm/yyyy) _____
 (Contributor's Signature)

THIRD PARTY DONOR INFORMATION *(if applicable)*

All information collected for third party donors is used for the purposes of informing the account holder, processing your donation and issuing an official donation receipt in compliance with Canada Revenue Agency policies.

Mr. Mrs. Miss Ms. Dr. Corporation*

First Name _____ Initial _____ Last Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

()
Phone Number _____ Citizenship _____ Residency _____

* Provide photocopy of Corporate Resolution and Articles of Incorporation

VERIFIED AGAINST: *(please provide a signed photocopy of any of the following)*

Passport Driver's License Health Insurance Card Number _____

Donation of Securities In-Kind Rev 06/18



www.johnnyrabba.com



120 Adelaide Street West, Suite 2500
Toronto, Ontario, M5H 1T1
416-644-1573 www.canadagives.ca