

City House Foundation in support of The Sacred Heart School of Montreal

Transfer of Securities form to be completed by Donor

Name to appear on tax	receipt	
Address		
<u>City</u>	Province	Postal Code
Email	Phone	
Do you wish to remain a	anonymous? Yes No	
Gift Designation:		
Building	Greatest Needs	
Bursaries	Enrichment Programs	
Account No. of Donor	at delivering institution:	
Name & Symbol of Se	curity to be transferred:	
Number of Shares/Uni	i ts of Security to be transferred:	
Date Shares to be trans	sferred:	_
Approximate Value per	Share/Unit: \$	
Approximate Total Val u	le of Gift: \$	
Name of Donor's broke	r or portfolio manager:	
Telephone number of D	onor's broker or portfolio manager:	
	be issued a tax receipt for the closing va nto the brokerage account of the City H	
Donor signature:		Date:
Charity Registration # 89267 CUID# is WGDB or FINS#: TO 161 Bay Street, 4th Floor Bro Internal use: Account No. 310-4005	79 Custodian for City House Foundation: CIBC V pokfield Place, P.O. Box 500 Toronto, Ontario M 0-16 (Capital Fund)	5J 2S8
Please return by email to:	.9-10 (Operating Fund) FMV on transfer date: efevre@sacredheart.qc.ca and ibosmec	liano@sacredheart.qc.ca
Li	li Le Fèvre, Director of Advancement and Iveth Bosm	leuland, Director of Finance