



THE TERRY FOX
FOUNDATION

Share Donation Transfer Form

Donor Information:

Donor Name: _____

Address: _____

Telephone: _____ Email Address: _____

Details of Donated Shares:

Description of Shares: _____

CUSIP Number: _____ # of Shares: _____

Name of person you may be sponsoring: _____ Email: _____

Address: _____

Do you, the donor, give permission for TFF to release the dollar value of your donation to the person you are sponsoring? Yes No

Delivering Institution:

Institution Name: _____ Account #: _____

Address: _____

FINS or DTC #: _____

Contact Name: _____ Contact E-mail: _____

Contact Telephone: _____ Contact Fax: _____

Receiving Institution:

Institution Name: _____ Canaccord Genuity

Account Name: _____ The Terry Fox Foundation

Account Number: _____ 20L-711A-2

DTC #: 5046 CUID #: CCAX

Contact Name: _____ Liz Helmelt Contact E-mail: _____ lhelmelt@cgf.com

Contact Number: _____ 604-643-7446 Contact Fax Number: _____ 604-643-1817

The Terry Fox Foundation contact info:

Contact Name: _____ Heather Scott Contact E-mail: _____ heather.scott@terryfox.org

Contact Number: _____ 604-239-8579 Contact Fax Number: _____ 604-239-8584

Authorization:

I confirm that I have assigned ownership to The Terry Fox Foundation. I understand that upon receipt, the donated shares will be valued at their closing price as of the date of the donation and a tax receipt will be issued for this amount, in accordance with Canada Revenue Agency's tax receipting guidelines.

Signature: _____ Date: _____

**** Please submit the completed form to the receiving institution and to The Terry Fox Foundation ****