

Charitable Donation of Securities in Kind

* Mandatory Fields Donor/Transferor Information								
	ount Holder - Last I	First Name *				Telephone		
							()	
Joint Accoun	First Name *	irst Name *						
							()	
Street Address			City	F	Prov.	Country	Postal Code	
Financial Institution Contact *					Telephone *		Email	
					()			
Financial Institution Name *					Account No.*		CUID	
	С	haritable Orc	ganization/Transf	eree Ir	nform	ation		
Name of Charitable Organization / Transferee *								
RIGHT TO LEARN AFGHANISTAN								
Street Address *			City *	F	Prov. *	Country *	Postal Code *	
PO BOX 15007 ASPEN WOODS			CALGARY		AB	CANADA	T3H 0N8	
Charity Conta	act *		Т	Felepho	ne *	Email		
CHERI BURKE-GAFFNEY					403	2445625	accounting@cw4wafghan.ca	
Financial Institution Contact *					Telephone *		Email	
PATTI DOLAN					(587)7476629		PATTI.DOLAN@WELLINGTON-ALTUS.CA	
Financial Institution *					Account No. *		CUID	
NBF Inc (NBIN Division)					2R-03HN-A		NBCS	
Additional Settlement							see attached *	
Instructions (as required) Request Details								
Please accept this form as authorization to gift/transfer the following securities/cash held in my/our account to the								
transferee account indicated above.								
Note: Quantity should indicate share amounts for stocks, mutual fund Quantity * Security Description *					Is and bonds. CUSIP/Symbol/Fund Code *			
Quantity								
Additional Information							see attached *	
Information about Donations								
NOTE: Donations of securities are done on a best efforts basis. Where a donation is requested involving one or more external institutions, we can not guarantee the delivery of assets in a predetermined specified time resulting in possible market fluctuations.								
Donation/Transfer Authorization								
Primary Account Holder Signature *						Date *		
Joint Account Holder Signature *					Date *			

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