

Charitable Donation of Securities in Kind

* Mandatory Fields					Donor/Transferor Information				
Primary Account Holder - Last Name *			First Name *			Telephone			
						()			
Joint Account Holder - Last Name *			First Name *			Telephone			
						()			
Street Address			City		Prov.	Country		Postal Code	
Financial Institution Contact *					Telephone *			Email	
					()				
Financial Institution Name *					Account No. *			CUID	
Charitable Organization/Transferee Information									
Name of Charitable Organization / Transferee *									
RIGHT TO LEARN AFGHANISTAN									
Street Address *			City *		Prov. *	Country *		Postal Code *	
PO BOX 15007 ASPEN WOODS			CALGARY		AB	CANADA		T3H 0N8	
Charity Contact *					Telephone *			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-B			NBCS	
Additional Settlement Instructions (as required)			<input type="checkbox"/> see attached *						
Request Details									
<ul style="list-style-type: none"> 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 funds and bonds. 									
Quantity *	Security Description *				CUSIP/Symbol/Fund Code *				
Additional Information			<input type="checkbox"/> 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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