

Donation of Securities Form

Please fax to:
Epilepsy Ontario
803-3100 Steeles Avenue East
Markham, ON L3R 8T3
Fax: 905-474-3663

Email to: jeanette@epilepsyontario.org
Jeanette Schepp
Resource Development Coordinator
Epilepsy Ontario
Telephone: 905-474-9696 ext 203

Mr. Mrs. Mr. & Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Company Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ E-mail: _____

Telephone: _____ Fax Number: _____

Description of Securities: _____

of Shares: _____ Estimated Value: _____

Tax Receipt issued to: _____

Gift to be used for:

- Area of greatest need:** The most flexible gift is the one for the area of greatest need when the gift is received.
- Client services:** including counseling, education and referral services and client advocacy.
- Summerfest Camp program:** that offers disadvantaged children living with epilepsy an opportunity to enjoy a typical overnight camp experience.
- OBCL Epilepsy Scholarship Awards program:** that offers students from across Ontario financial awards in the form of scholarships to participate in post secondary education.
- Research:** supporting epilepsy care research through funding and partnerships.

Donor's Broker Information:

Brokerage Firm: _____ Telephone: _____

Broker Contact Name: _____ Fax: _____

E-mail: _____

Authorized by: _____ **Date:** _____

Donation to be transferred to:
TD Waterhouse, Transfer Department
77 Bloor Street West, 4th Floor
Toronto, ON M4Y 2T1
Account Name: Epilepsy Ontario
Contact Information: David Kim, Investment Advisor
Telephone: 416-512-6214

Delivery Instructions:
CUID GIST
DTC # 5036
Dealer # 9834
CDN \$ Account #: 7AP601A
US \$ Account #: 7AP601B
Fax: 416-512-8451