White Rock South Surrey Hospice Society
15510 Russell Avenue
White Rock, BC V4B 2R3

SHARE TRANSFER FORM

Today's Date: _____

To: _____(Full Name of Transferring Institution)

_____(Street Address of Transferring Institution)

_____(Street Address of Transferring Institution)

_____(City, Province & Postal Code of Transferring Institution)

_____(Contact name and phone number of Transferring Institution)

Re: _____(Transferor/Donor Full Name)

_____(Home Address of Transferor/Donor)

_____(City, Province & Postal Code of Transferor/Donor)

_____(Account No. of Transferor/Donor at Transferring Institution)

☐ **Donation In Kind to White Rock South Surrey Hospice Society**

☐ **Donation In Kind to Capital Campaign to build a New Supportive Care Centre**

You are hereby authorized and directed to transfer in-kind the following securities from the above noted account to the address and the account number noted below.

SECURITY DESCRIPTION	CUSIP/ISIN/SEDOL#	# OF SHARES/UNITS
_____	_____	_____
_____	_____	_____
_____	_____	_____

CREDIT ACCOUNT #: 6898209116 WHITE ROCK SOUTH SURREY HOSPICE SOCIETY

Deliver Original Copy of this form and Securities to:
RBC Direct Investing Inc.
Account Transfers Department
Royal Bank Plaza, 200 Bay Street, North Tower, PO Box 75
Toronto ON. M5J 2Z5
Phone 1-800-769-2560 Fax: 1-888-722-2388
Dealer #9190, FINS #T002, DTC #5002, CUID #DOMA, Euroclear #90065

Please email or fax a copy of this form to:
White Rock South Surrey Hospice Society
Attention: **Beth Kish, Executive Director**
Email: **Beth@whiterockhospice.org**
15510 Russell Avenue
White Rock BC V4B 2R3
Phone: 604-531-7484 Fax: 604-531-8101

_____ _____
Signature of Transferor/Donor *Date*

white rock south surrey hospice society
...a special kind of caring