

Donor Information

Gift of Securities to the Alzheimer Calgary

it's still me in here

This letter of direction is to be completed by the Donor or the Donor's representative and serves as authorization and instruction to transfer specified securities to the Alzheimer Calgary. This completed letter should be emailed or faxed to all affected parties as detailed below.

Name: Preferred Phone:

Address:						
City:		Province:	Postal Co	ode:		
Email:		-				
Faxed/Email	ed to t	he following:				
1) My Brok						
Name:						
Fax:						
Email:						
2) Alzheime	er Calga	ry Account Holder (Account Hol	der to Receive Transfer)			
	_	Vealth Popowich Karmali Advisor				
Attn:		andra O'Neill	CUIDS #:	WGDB		
	P: 40	3-974-3352	Account Num	ber: 751-29354-17		
	F: 40	3-264-1030				
	E: <u>Al</u>	exandra.O'Neill@cibc.com				
3) Alzheime	ar Calga	rv				
Attn:	_	arolina Ciezar				
7.0011.		3-290-0110	Charitable Registration	Charitable Registration Number: 130725740 RR 0001		
		3-269-8836	chartable negliciation	144115C1. 1307237 10 KK 0001		
		rolinaC@alzheimercalgary.ca				
Please trans						
		Name of S	`a awitu	ADP Code		
Number of Units		Name of S	security	ADP Code		
		able gift consisting of listed secure transfer in-kind the above lister.				
	•	t CIBC Private Wealth Popowich				
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_	•	f the receipt will be based on th	•	-		
received by Alz		•				
D			News	D. I.		
Donor Signat		where the street is a Constitution of the street is a constitu	Name:			
For more infor KarolinaC@alz		please contact Karolina Ciezar,	Director of Philanthropy, at 40	3-290-0110 or by email at		
NatuilidU@alZ	neimerc	aigai V.Cd.				