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| 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 Society of Calgary. This completed letter should be emailed or faxed to all affected parties as detailed below. |

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| **Donor Information** | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | | | **Preferred Phone:** | | | | |  | | | | |
| **Address:** | | | |  | | | | | | | | | | | | | | | | | | |
| **City:** | |  | | | | | | | | | **Province:** |  | | | | | **Postal Code:** | | |  | | |
| **Email:** | | |  | | | | | | | | | | | | | | | | | | | |
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| **Faxed/Emailed to the following:** | | | | | | | | | | | | | | | | | | | | | | |
| 1. **My Broker** | | | | | | | | | |  | | | |  | | | | | | |  | |
|  | Name: | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | Fax: | | |  | | | | | |  | | | | | | | |
|  |  | | | | Email: | | |  | | | | | |  | | | | | | | | |
|  |  | | | | | | | | | | | | |  | | | | | | | | |
| 1. **Alzheimer Society of Calgary Account Holder** *(Account Holder to Receive Transfer)* | | | | | | | | | | | | | | | | | | | | | | |
|  | CIBC Private Wealth Popowich Karmali Advisory Group | | | | | | | | | | | | | | | | | | | | | |
|  | Attn: | | | | Alexandra O’Neill | | | | | | | | | | | CUIDS #: | | | | | WGDB | |
|  |  | | | | P: 403-974-3352 | | | | | | | | | | | Account Number: | | | | | 751-29354-17 | |
|  |  | | | | F: 403-264-1030 | | | | | | | | |  | | | | | | | | |
|  |  | | | | E: [Alexandra.O'Neill@cibc.com](mailto:Alexandra.O'Neill@cibc.com) | | | | | | | | | |  | | | | | | | |
|  |  | | | |  | | | | | | | | | |  | | | | | | | |
| 1. **Alzheimer Society of Calgary** | | | | | | | | | | | | | | | | | | | | | | |
|  | Attn: | | | | Karolina Ciezar | | | | | | | | | |  | | | | | | | |
|  |  | | | | P: 403-290-0110 | | | | | | | | | Charitable Registration Number: 130725740 RR 0001 | | | | | | | | |
|  |  | | | | F: 403-269-8836 | | | | | | | | | |  | | | | | | | |
|  |  | | | | E: [KarolinaC@alzheimercalgary.ca](mailto:KarolinaC@alzheimercalgary.ca) | | | | | | | | | |  | | | | | | | |
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| **Please transfer the following:** | | | | | | | | | | | | | | | | | | | | | | |
| **Number of Units** | | | | | | | **Name of Security** | | | | | | | | | | | | **ADP Code** | | | |
|  | | | | | | |  | | | | | | | | | | | |  | | | |
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I wish to make a charitable gift consisting of listed securities to the Alzheimer Society of Calgary. Please accept this form as my authorization for you to transfer in-kind the above listed securities from my brokerage account to the Alzheimer Society of Calgary account held at CIBC Private Wealth Popowich Karmali Advisory Group. It is my understanding that this transfer and gift represents a disposition for which I will be provided with a donation receipt from the Alzheimer Society of Calgary. The amount of the receipt will be based on the value of units at close of trading on the date they are received by the Alzheimer Society of Calgary.

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| --- | --- | --- | --- | --- | --- |
| **Donor Signature:** |  | **Name:** |  | **Date:** |  |

For more information, please contact Karolina Ciezar, Director of Philanthropy, at 403-290-0110 or by email at [KarolinaC@alzheimercalgary.ca](mailto:KarolinaC@alzheimercalgary.ca).