

## Gift of Public Securities

### STEP 1: SHARE TRANSFER FORM

In order to ensure your transfer is handled smoothly and efficiently, please first complete this Share Transfer Form, and submit—**prior** to the transfer—by email, fax or regular mail to the Arthritis Society address below.

Name:	Telephone:
Address:	
Broker's name:	Telephone:
Brokerage firm:	
Broker's account:	
Name of security:	
Description of Shares (e.g., common, preferred, etc.)	
Approximate value of each share: \$	Number of shares transferred:

I understand that I will receive a gift-in-kind tax receipt from the Arthritis Society for the closing price, on the date of transfer to the Arthritis Society. This is the date the shares arrive in the Arthritis Society's brokerage account. These securities have been donated to the Arthritis Society without restriction and can be sold by the Arthritis Society at any time considered appropriate.

Signature of Donor: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form – **prior** to the transfer – by fax, regular mail or email.  
Next, complete the letter of authorization (Step 2).

The Arthritis Society, 393 University Avenue, Suite 1700, Toronto, ON M5G 1E6

**Sandra Dow**, Vice President, Philanthropic Giving

or

**Sumaiya Moosa**, Planned Giving Specialist

EMAIL: [sdow@arthritis.ca](mailto:sdow@arthritis.ca)

EMAIL: [smoosa@arthritis.ca](mailto:smoosa@arthritis.ca)

PHONE: 416.979.3353 ext 3343

PHONE: 416.979.3353 ext 3553

FAX: 416.979.8366 TOLL-FREE: 1.844.979.7228

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CHARITABLE REGISTRATION #: 10807 1671 RR0003 LEGAL NAME: The Arthritis Society

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### STEP 2: LETTER OF AUTHORIZATION FORM

Send this completed and signed Letter of Authorization to:

**Danielle Spierenburg or Joel Kruzich**

Kruzich Leonard Wealth Management – Richardson GMP Limited

145 King Street West, Suite 500, Toronto, ON, M5H 1J8

**PHONE:** 416.572.5479 **FAX:** 416.864.9888 **TOLL-FREE:** 1.866.263.0818

**EMAIL:** KruzichLeonard@RichardsonGMP.com

Arthritis Society account numbers:

**CANADIAN ACCOUNT:** 400-D050-A

**U.S. DOLLAR ACCOUNT:** 400-D050-B

**CUID:** GMPT

**DTC:** 5016 – for US security transfers

My broker's name: \_\_\_\_\_

My broker's address: \_\_\_\_\_

\_\_\_\_\_

This letter will confirm the authorization to transfer \_\_\_\_\_ of my shares of

\_\_\_\_\_ to Richardson GMP Limited,

account # \_\_\_\_\_, in the name of The Arthritis Society.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

After submitting your Share Transfer Form (Step 1) to the Arthritis Society, complete this letter of authorization and send by email, fax or regular mail to the broker above. The Arthritis Society will issue a tax receipt that reflects the closing price of the shares on the date of transfer. This is the date the shares arrive in the Arthritis Society's brokerage account.

See how your gift can make a difference, visit [arthritis.ca/plannedgiving](https://arthritis.ca/plannedgiving).

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