

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, scan, mail, or fax 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. Please note that due to the management costs associated with accepting gifts of securities, we are only able to accept donations of approximately \$1,000.00 and above.

Signature of Donor: _____ Date: _____

*Please return this completed form – **prior** to the transfer – by email, scan, mail, or fax.*

Next, complete the letter of authorization (Step 2).

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

Elizabeth Hanna, Manager, Major Gifts & Individual Giving

EMAIL: ehanna@arthritis.ca

PHONE: 416.979.7228 ext 3535

CELL: 647.208.1723

FAX: 416.979.8366 **TOLL-FREE:** 1.844.979.7228

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FAX: 416.979.8366 **TOLL-FREE:** 1.844.979.7228

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

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STEP 2: LETTER OF AUTHORIZATION FORM

- A. Complete and Return this form to your Investment Firm authorizing them to transfer your in-kind securities donation.
- B. Return this completed and signed Letter of Authorization to the Arthritis Society.

Michael Chisholm or Lanita Rozario

Scotia Wealth Management
40 King Street W., 49th Floor Toronto,
ON M5H 1H1

P: 416.947.3644 or P: 416.865.6448

C: 647.402.5296 TOLL-FREE: 1.800.339.8520

EMAIL: michael.chisholm@scotiawealth.com or lanita.rozario@scotiawealth.com

Arthritis Society account information:

CANADIAN ACCOUNT: 8253523818

U.S. DOLLAR ACCOUNT: 8253523818

CUID: SCOT FINS: T085 DTC: 5011

DEALER NUMBER: 9155 REP CODE: 363

My broker's name: _____

My broker's address: _____

This letter will confirm the authorization to transfer _____ of my shares of

_____ to Scotia Wealth Management,

account # 8253523818, in the name of The Arthritis Society.

Signature: _____ Date: _____

After submitting your Share Transfer Form (Step 1), return the signed letter of authorization form authorizing your investment firm to transfer your in-kind securities donation (Step 2-A), and return this completed and signed Letter of Authorization to the Arthritis Society (Step 2-B) to ensure your transfer is handled smoothly and efficiently. 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.

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