



CHARITABLE DONATION

CRA # 89228 1577 RR0001

RELINQUISHING BROKER INFORMATION:

Firm: _____
Broker: _____
Associate: _____
Ph: _____
Fax: _____

Account # _____
Account Name: _____
FINS: _____
CUID: _____

PUBLIC SECURITIES BEING DONATED:

Name of Public Company _____

Number of shares _____ Share Price _____ Date of gift _____

Total Amount (CAD) \$ _____

ADP / CUSIP Code: _____

**Please advise us of your donation by forwarding a copy of this form to:
Meagan Bianco, Development Director at meagan@orillialighthouse.ca**

RECEIVING INSTITUTION

Company Name: **The Lighthouse**
Broker Name: BMO Nesbitt Burns
Ph # 705-329-2265
Fax# 705-329-3621

FINS: T009
DTC #
CUID: NTDT
Account#: **575-05802-18**

Please send charitable donation tax receipt to:

DONOR INFORMATION

Corporation **Individual** **Other**

Individual name: _____ Corporation Name: _____

Address: _____

Special Requests: _____

Donor name

Donor Signature(s)

*We wish to offer our sincere appreciation for your very generous donation to The Lighthouse.
Thank you for your support.*