## **Donation Sheet**

Donor Name:				
Address:				
City:		Prov.:	Postal Code:	
Phone Number:	( ) -			
Desc	ription of se	curities to t	ransfer <u>in kinc</u>	<u>l</u>
Name Identifi		ification*	cation*	
1				
2				
3				
* identification cou	ld be cusip , ISM code			
Donor's Acco Brokerage fir I hereby authoriz the benefit of CN	rm:	cated be transfered		uncial to
Donor's signatu	re :			
Date:				
	# : 11-YXQQ-E	ery Instructi	ions	
	ada" Charity #867	75 7502 KK0001	NATIONA	
CDS number : CUID :	T80 NBCS		NATIONA BANK FINANCIA	
508	tional Bank Finan 3-16766 Trans-Car rkland QC H9H 41	ada Hwy	Copy to : Ste Tel : (514) or steve.goul	871-4356

NOTE to delivering broker: This transfer is carried out with charitable intent. Your exemption from usual fees would be greatly appreciated by CNEWA Canada.

: (514) 426-2009