

**LETTER OF DIRECTION AND AUTHORIZATION**  
**Re: Transfer of Bonds, Shares or other Securities**

This letter authorizes the transfer of the following securities currently owned by me from my account held by \_\_\_\_\_

to account **515931A1 (Cdn\$)** for the Community Foundation of the South Okanagan Similkameen held with Aviso Financial Inc.

I direct that my contribution be deposited to

the \_\_\_\_\_ (the Fund)

and that the income be distributed annually in accordance with the terms of my fund agreement.

Please check this box if this is an Endowment contribution

Yours truly,

\_\_\_\_\_  
Donor's name (please print)

\_\_\_\_\_  
Donor's signature

\_\_\_\_\_  
Donor's address

Donor's telephone #: \_\_\_\_\_

Donor's email address: \_\_\_\_\_

Please return signed the Letter of Direction and Authorization to:

**Attn: Aaron McRann**, Chief Executive Officer  
Community Foundation of the South Okanagan|Similkameen  
390 Main Street, 2<sup>nd</sup> Floor  
Penticton, BC V2A 5C3  
[aaronmcrann@cfso.net](mailto:aaronmcrann@cfso.net)

# Community Foundation of the South Okanagan Similkameen

390 Main Street  
Penticton, BC V2A 5C3  
Telephone: (250) 493-9311  
[admin@cfso.net](mailto:admin@cfso.net) | [www.cfso.net](http://www.cfso.net)

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I, \_\_\_\_\_, hereby make a donation of securities in kind.

Please transfer the following position:

Description (1): \_\_\_\_\_

Quantity: \_\_\_\_\_ CUSIP/ISIN: \_\_\_\_\_

Description (2): \_\_\_\_\_

Quantity: \_\_\_\_\_ CUSIP/ISIN: \_\_\_\_\_

## Delivering Institution Information:

Delivering Institution Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Delivering Institution CUID or DTC: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Receiving Institution:

Receiving Institution: **Aviso Financial Inc.**

Receiving Institution Address: **700-1111 West Georgia Street Vancouver, BC V6E 4T6**

Account Name: **Community Foundation of the South Okanagan – CND Donations**

Account: **# 515931A1** CRA Charity Registration #: **140150509RR0001**

Receiving Institution CUID or DTC: **CRED/5083**

Contact Email: **ACPsupport@aviso.ca**

## Contributing Donor Contact Information:

Donor's Legal Name (s): \_\_\_\_\_

Home Address: \_\_\_\_\_, \_\_\_\_\_ (City), \_\_\_\_\_ (Prov), \_\_\_\_\_ (Postal Code)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Contributing Donor Authorization:

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