NOTIFICATION OF SECURITIES TRANSFER FORM

Canadian Mental Health Association Toronto

1. DONOR DETAILS

Name:

Address:

City:

Province:

Postal Code:

Phone Number:

Email:
A charitable tax receipt will be issued electronically if an email address is provided

I would prefer to receive my tax receipt by mail ☐

Account #:

2. DONOR BROKER DETAILS

Broker Name:

Financial Institution:

Phone Number:

Email:

3. GIFT DETAILS

Number of Shares:

Name of Security:

Approx. Amount of Donation:

Expected Date of Transfer:

4. CMHA TORONTO ACCOUNT INFORMATION

Account Name: **Canadian Mental Health Association**
Account #: **439-32314-12**
Dealer #: **9155**
CUID#: **SCOT**
DTC#: **5011**
FINS#:**T085**

Donors: Direct all inquiries to Cory Bartlett at 647-522-0042 or cbartlett@cmhato.org.

Brokers: Direct Broker to Broker inquiries to Lisa Papadopoulos, Scotia McLeod at 416-945-4197**,** Fax**:** 416-863-7663 or lisa.papadopoulos@scotiawealth.com

Signature of Donor

Date

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Approx. Amount of Donation: _____ Expected Date of Transfer: _____

Designation Details: _____

YOUR BROKER DETAILS

Broker Name: _____

Financial Institution: _____

Phone Number: _____ Email: _____

_____ _____

Signature of Donor Date

CMHA Toronto Charitable Registration Number: 893449884RR0001

Cory Bartlett, Senior Manager of Fundraising & Events

647-522-0042

cbartlett@cmhato.org