

Gift of Securities for The Ottawa Cancer Foundation

LETTER OF DIRECTION

Please email, fax or mail this completed form to your broker AND a copy to The Ottawa Cancer Foundation.

The Ottawa Cancer Foundation Contact:

**Catherine Harwood**  
Director, Philanthropy Services  
The Ottawa Cancer Foundation  
1500 Alta Vista Dr.  
Ottawa, ON K1G 3Y9  
Phone: 613-247-3527 ext. 234  
Fax : 613-247-3526  
[charwood@ottawacancer.ca](mailto:charwood@ottawacancer.ca)  
Charitable registration number: 8983 11170 RR0001  
Legal name: Ottawa Regional Cancer Foundation

Yorkville Contact Info:

**Yorkville Asset Management:**  
[derek@yorkvilleasset.com](mailto:derek@yorkvilleasset.com)  
**Derek Brenzil** (Tel: 289-260-5705)  
**Jackson Arender** (Tel: 647-920-8004)  
**Rami Hadi** (Tel: 416-836-1094)

Deliveries

Custodian Name: National Bank of Canada  
CUID (NBCS)  
Account: 6CH4U4A (Canadian Stocks) or 6CH4U4B (US Stocks)  
**Reference: DTC# 5008**

Details Of Securities I plan to donate

|                             |                       |                                                    |
|-----------------------------|-----------------------|----------------------------------------------------|
| Company name or description |                       |                                                    |
| Stock symbol or CUSIP#      |                       |                                                    |
| Number of shares            |                       | or shares to value approximately \$                |
| On this date                |                       |                                                    |
| CUID or DTC                 |                       | ( Your broker will provide the CUID or DTC number) |
| Broker Name                 | Financial Institution |                                                    |
| Phone number                |                       |                                                    |
| Email                       |                       |                                                    |

Donor Information

|                 |       |             |
|-----------------|-------|-------------|
| Name            |       |             |
| Address         |       |             |
| City            | Prov  | Postal Code |
| Phone number    |       |             |
| Email           |       |             |
| Donor Signature | Date: |             |