



**NOTIFICATION OF SECURITIES TRANSFER  
GIFT OF SECURITIES TO THE GATINEAU HEALTH FONDATION**

**Step 1**

**DONOR INFORMATION**

Name				
Street Address (residential)				
City		Province		Postal Code
Telephone		E-mail Address		

**ADVISOR OR BROKER INFORMATION**

Name				
Firm				
Address				
City		Province		Postal Code
Telephone		E-mail Address		

Security Name	Number of Securities	Approx. Value
1.		
2.		

CANADIAN DOLLAR TRANSACTION (CAD) \_\_\_  
US DOLLAR TRANSACTION (USD) \_\_\_

I, the undersigned, shall receive a charitable tax receipt from the Gatineau Health Foundation based on the value of the security (ies) as of the close of the trading on the date they are received by the Foundation's broker. These shares are donated without any restriction and are designated to the: \_\_\_\_\_ (Name of the Fund/Project). If no details are provided, my donation will be allocated to foundation's priorities.

Signature of donor \_\_\_\_\_ Date \_\_\_\_\_

**Step 2**

**Renseignements à l'intention du courtier du donateur pour le transfert électronique**

Name of the Fondation's Broker:		VMD Desjardins		
Charity Registration Number (CRA):		10758 8477 RR0001		
CUID :	VMDM	CCDV(FINS)	M019	
Account number (CAD):	3RGQXA5	Account number (USD)	3RGQXB3	
Name of the Beneficiary: Gatineau Health Foundation /La Fondation Santé Gatineau				

If you have any further question, please contact Nathalie Drouin, VMD Desjardins at 819-772-1924

**Step 3**

Upon completion, please submit this form and a copy with the written confirmation of transfer received from your ( the donor's) financial institution by fax or email to: 819-966-6012 or : [jpigeon@fondationsantegatineau.ca](mailto:jpigeon@fondationsantegatineau.ca).

Date received : \_\_\_\_\_

Value of the donation at the time of deposit to the Foundation bank account: \_\_\_\_\_

Nom of the evaluator _____
Address of the evaluator _____

Authorized signature : \_\_\_\_\_  
Jean Pigeon, Director General



## CONSENT TO PERSONAL INFORMATION

In accordance with the terms of the Modernization of Personal Information Protection Legislation Act (commonly referred to as " Law 25 "), we understand that you are giving your consent to the Gatineau Health Foundation to use your personal information in order to inform you of our events, to solicit you for a financial or volunteer contribution to our cause, to inform you of our developments, to thank you or to recognize your contribution. We understand that you also consent to the Gatineau Health Foundation collecting, disclosing, communicating, and exchanging the personal information previously obtained from you to a third party to carry out the actions described above and in accordance with a confidentiality agreement obtained from that third party.

To learn more about the Gatineau Health Foundation's commitments in terms of confidentiality, please consult the Gatineau Health Foundation's confidentiality policy, which is available at:

<https://www.fondationsantegatineau.ca/en/politique-de-confidentialite/>.

You may withdraw your consent to the collection, disclosure and sharing of personal information at any time. You may also request rectification and access to your records by contacting the Privacy Officer at the following coordinates:

Jean Pigeon

Personal Information Officer

[jpigeon@fondationsantegatineau.ca](mailto:jpigeon@fondationsantegatineau.ca)

819-966-6108 ext. 309