

Го:	(Fu	ıll Name of	Transferring	Institution)	
	(St	(Street Address of Transferring Institution) (Street Address of Transferring Institution)			
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	(City, Province & Postal Code of Transferring Institution) (Contact name & phone number of Transferring Institution (Transferor/Donor Full Name)				
					RE:
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	(Ac	count # of	Transferor/D	onor at Transferring Institution	
Please designate my gift to:					
Area of Greatest Need	Production Kit	Production Kitchen Campaign		OTHER:	
Critically-needed Equipment	Please contact	Please contact me to discuss my gift.		ICU Campaign	
		SIP/ISIN/SE	DOL#	# of Shares/Units	
Security Description  IMPORTANT: Please forward	d the original copy o				
IMPORTANT: Please forward Representative and forward Representative Accommunity House forward Representative Re	d the original copy of		rm to your	Broker or Investment	
IMPORTANT: Please forward Representative and forward Peace Arch Hospital & Community He	d the original copy of a copy to:	of this fo	rm to your  Attention: Aviso Finar	Broker or Investment  Processing Team  ncial Inc.   700-1111 West Georgi	
IMPORTANT: Please forward Representative and forward Peace Arch Hospital & Community He Foundation Attn: Sean Kenny, Philant Ph: 604.535.4520 Fax: 604.541.58	d the original copy of a copy to: alth hropy Officer		rm to your  Attention: Aviso Finar Street Van	Broker or Investment  Processing Team ncial Inc.   700-1111 West Georgicouver, BC V6E 4T6	
IMPORTANT: Please forward Representative and forward Peace Arch Hospital & Community He Foundation Attn: Sean Kenny, Philant Ph: 604.535.4520 Fax: 604.541.58 Email: sean@pahfoundation.ca	d the original copy of a copy to: alth hropy Officer	of this fo	Attention: Aviso Finar Street Van Email: serv	Broker or Investment  Processing Team  ncial Inc.   700-1111 West Georgi	
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IMPORTANT: Please forward Representative and forward Peace Arch Hospital & Community Hestoundation Attn: Sean Kenny, Philant Ph: 604.535.4520 Fax: 604.541.58 Email: sean@pahfoundation.ca Charitable Registration #: 12731 1348 CREDIT ACCOUNT #: 230-VJQ. Canadian and U.S. Securities Deliver	d the original copy of a copy to: alth hropy Officer 220 RR0001 A-1 Peace Arch Hospit	AND	Attention: Aviso Finar Street Van Email: serv Ph: 1-855-	Broker or Investment  Processing Team ncial Inc.   700-1111 West Georgi couver, BC V6E 4T6 rice@aviso.ca 714-3900 Fax: 604.714.3901	
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Failure to provide sufficient details on this letter may also result in failure to settle. PLEASE NOTE THAT WE DO NOT ACCEPT NON-

REDEEMABLE OR SUSPENDED SECURITIES.