



### Transfer of Publicly Traded Securities to The YMCA of Greater Halifax Dartmouth

**Donor Information:**

Donor Name:		
Phone:		
Address:		
City:	Province:	Postal Code:

**Broker Information:**

Name of Broker:
Brokerage Firm Name:
Phone:
Client Account #:

I request that the following investments currently held in my account at your firm to be re-registered in the name of The YMCA of Greater Halifax Dartmouth via its broker.

RBC Dominion Securities – Attn: Tina Nicks 1400-1959 Upper Water St Halifax, NS B3J 3N2 1(902)424-1003 <a href="mailto:tina.nicks@rbc.com">tina.nicks@rbc.com</a>	CUID - DOMA The YMCA of Greater Halifax Dartmouth Account # - 270-33199-19
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**Securities to be Transferred:**

	Quantity	Name of Security	CUSIP#
1			
2			

**Please send this completed transfer form to your own broker/financial advisor for processing.** Please also send a copy to YMCA of Greater Halifax Dartmouth at [alexandria.samson@halifax.ymca.ca](mailto:alexandria.samson@halifax.ymca.ca) with cc to Tina Nicks at [tina.nicks@rbc.com](mailto:tina.nicks@rbc.com) with RBC Wealth Management. Alexandria Samson can also be contacted directly at 902-229-4311

\_\_\_\_\_  
Donor/Client Signature

\_\_\_\_\_  
Date



# Pledge Form

## I want to help the Y!

I would like to pledge \$ \_\_\_\_\_ to the YMCA  as a one-time gift on \_\_\_\_\_ (dd/mm/yyyy)

OR  in installments of \$ \_\_\_\_\_  per month over \_\_\_\_\_  months (up to 60 months)

per year \_\_\_\_\_  years (up to 5 years)

### I intend to pay my gift:

By Cash

By Cheque

By Security Transfer

By Credit Card:  online\*

over the phone

### Please make the recognition of my gift:

in my/our name(s) listed below under "Donor Information"

in Honour of \_\_\_\_\_

in Memory of \_\_\_\_\_

I wish my gift to be made anonymously

*\*You can take advantage of making a one-time payment or setting up monthly payments online using your credit card.*

### My primary reason for supporting the YMCA is that I want my community to be...

Healthier  Inclusive  Connected  Prosperous  Caring  Other: \_\_\_\_\_

### Donor Information:

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

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Gift Direction:

Area of Greatest Need

Immigrant Services

Community YMCA

Big Cove Campership

Access to Opportunity

Other: \_\_\_\_\_