



Gift of Stock Transfer Form

DONOR(S) INFORMATION	
Name:	
Address:	
City:	Postal Code:
annel manufacture de california	INVESTMENT/SHARE INFORMATION
Please accept this letter as your authorize	zation to transfer:
Quantity / # of Shares:	
Name of Investment/Company:	
	DONOR(S) ACCOUNT INFORMATION
Donor Account Number:	
Donor Name:	
Name of Investment Firm:	
Address of Investment Firm:	
Advisor:	Phone:
	RECEIVING INSTITUTION
Scotia Wealth Management	Account Name: Wells of Hope International Development Inc.
705 – 80 King St	Account # 467-33806-16
St. Catharines ON L2R 7G1	Dealer Code: 9155 FINS#: 1085 DTC#: 5011 CUD SCOT
Senior Associate: Kathy Harten - Tel: 90	5-641-7714 or 1-800-265-7416
Wells of Hope is a Charitable Organization w	vith Registration Number 83428 1768 RR0001
	SIGNATURE(S)
	, I understand that the value of this gift is determined by the fair market value of nto the account of Wells of Hope International Development Inc. and a charitable
Donor Signature:	Date:
Please send one completed copy of this for	m to your broker/advisor, one copy to Scotia Wealth Management at the address above