



## Gift Distribution Instruction Sheet

**RETURN TO:**

Shailene Caparas, Comptroller  
Diocese of New Westminster  
1410 Nanton Avenue  
Vancouver, BC V6H 2E2

GIFT AMOUNT: \$ \_\_\_\_\_

Name of Donor: \_\_\_\_\_

First Name

Last Name

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

City/Province/Postal: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Please distribute my gift as set out in the Gift Distribution Table below.

### GIFT DISTRIBUTION TABLE

Designation	AMOUNT
Parish Name:	\$
Parish Name:	\$
<b>Diocese of New Westminster:</b> CRA# 108061466RR0001	
Anglican Initiatives Fund	\$
General Purposes	\$
Children & Youth Ministry	\$
Hospital Chaplains Ministry	\$
Indigenous Justice Ministry	
Care & Share	\$
<b>Related Groups:</b>	
The Mission to Seafarers in the Diocese of New Westminster CRA# 889108445RR0001	\$
Sorrento Centre CRA# 129144549RR0021	\$
Vancouver School of Theology CRA# 108167743RR0001	\$
<b>Anglican Church of Canada:</b>	
Giving with Grace CRA# 108082835RR0001	\$
Anglican Foundation CRA# 119212405RR0001	\$
Anglican Journal CRA# 865988117RR0001	\$
Church in the North CRA# 108082835RR0001	\$
Primate's World Relief & Development Fund CRA# 866434640RR0001	\$
TOTAL (must match Gift Amount shown at top of sheet)	\$

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY		
DATE RECEIVED	DATE DISTRIBUTED	COMMENTS

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

From: \_\_\_\_\_

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

Tel. #: \_\_\_\_\_

To: \_\_\_\_\_

**(Relinquishing Institution)**

Re: Transfer of Appreciated Securities Authorization

Account # \_\_\_\_\_

Donor's Name: \_\_\_\_\_

(for donation receipt purpose)

It is my/our intention to make a gift of appreciated securities to the Synod of the Diocese of New Westminster. You are authorized to immediately transfer the following securities to the account of the Synod of the Diocese of New Westminster:

**No. of Shares/Units or Dollar Value**

**Description of Securities**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Synod of the Diocese of New Westminster transfer information:

Account Number: 012-3222-8

Receiving Institution: Odlum Brown Limited

CUID: OBLV DTC #: 5074 Mutual Fund Dealer #: 9195

Address: 1100-250 Howe Street, Vancouver, BC V6C 3S9

Contact: Michael Suen, Tel. # 604-844-5464, Fax # 604-681-8310

Email address: msuen@odlumbrown.com

In the event that, for any reason, any of the securities to be transferred from my/our account cannot be delivered to the receiving institution in accordance with this instruction, I/we request that you contact me/us in writing immediately, indicating the security affected and the reason for the inability to deliver.

I/We acknowledge that you may require a fee to be paid prior to delivery of this account and hereby instruct the receiving institution to pay or have deducted from my/our credit balance with you this fee in accordance with your current published schedule. I/we have also requested the receiving institution to act on my/our behalf in the resolution of any incidental account differences or adjustments that may arise with you as a result of this account transfer request.

\_\_\_\_\_  
**Account Holder's Signature**

\_\_\_\_\_  
**Joint Account Holder's Signature**

cc: Shailene Caparas, Diocese of New Westminster, 1410 Nanton Avenue, Vancouver, BC V6H 2E2