

**WEST PARRY SOUND HEALTH CENTRE FOUNDATION
SCOTIAMcLEOD SECURITIES TRANSACTION FORM**

DONOR INFORMATION:

Name: _____

Address: _____

Description of securities: _____

Cusip No. _____

Number of securities: _____

Executed by: _____

Signature of Donor

CHARITY INFORMATION:

Name: West Parry Sound Health Centre Foundation

Address: 6 Albert Street
Parry Sound, ON P2A 3A4

Telephone: (705) 746-4540, Ext 3348

1-888-262-0436

Fax: (705) 773-4059

Email: cknox@wpshc.com

Charity No. 86687 9950 RR0001

ACCOUNT INFORMATION:

Name: West Parry Sound Health Centre Foundation

ScotiaMcLeod Account Number for CDN Securities: 439-39107-1-8

ScotiaMcLeod Account Number for US Securities: 439-39107-1-8

Dealer Code: 9155

Representative Code: 8PE

DTC: 5011

CUID: SCOT

Thank you very much for your donation.
Kindly advise the Foundation the date the transfer of shares is executed.