



## Security Transfers to the ALS Society of British Columbia

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

<b>Delivering Institution:</b>	Name:	_____
	Address:	_____
		_____
	Contact Name:	_____
	Contact Telephone:	_____
	Contact E-mail:	_____
<b>Donor / Transferor Information:</b>	Account Number:	_____
	Name of Donor:	_____
	Address:	_____
		_____
	Telephone:	_____
	Email:	_____

I hereby authorize Oram Spelliscy/Raymond James to initiate the transfer in-kind of the following securities from the above account to the Receiving Institution indicated below.

Security Description:	# of Shares/Unit	CUSIP or Symbol

<b>Receiving Institution:</b>	Oram Spelliscy Family Wealth Management c/o Raymond James Ltd. 925 W. Georgia Street 4 <sup>th</sup> Floor Vancouver, BC V6C 3L2
<b>Account Name:</b>	Amyotrophic Lateral Sclerosis Society of BC
<b>Account Number:</b>	1BR-1NVA-1 Charitable # 106708985 RR0001 <i>Tax Receipts will be provided. Thank You.</i>
<b>Contact Person:</b>	Wendy Toyer
<b>Telephone:</b>	1-800-708-3228 ext. 222
<b>Fax:</b>	604-685-0725
<b>Email:</b>	<a href="mailto:wendy@alsbc.ca">wendy@alsbc.ca</a>

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Donor/Transferor Signature