**Procedure for the donation of Shares**

**Thank you for choosing to donate to the *West Island Cancer Wellness Centre.* In order to process the transaction, the following information is required:**

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

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**About shares:**

* Number of shares:
* Type of shares:
* Company Name:
* Transfer date:

**Please send the information to:**

Denyse Boivin Daniel Lalonde

115 rue Du Barry, **AND** La Financière Banque Nationale

Kirkland, QC. 1 Place Ville-Marie, Bureau 1700

H9H 0C4 Montréal, QC

dons@wicwc.org H3B 2C1

daniel.lalonde@bnc.ca

 Thank you for your contribution, your tax receipt will be sent within 3 months.