



GIFT OF SECURITIES FORM

This form is to be completed by the Donor and serves as authorization and instruction to transfer specified securities to the Autism Speaks Canada (ASC). This completed form should be faxed, mailed or e-mailed to the Donor's investment firm in order to initiate the transfer. Copies should also be faxed, mailed or e-mailed to ASC and ASC's investment manager (RBC Direct Investment Inc.).

**Fax/e-mail
copy 1 to:**

My Broker / Advisor

Date: _____

**Fax/e-mail
copy 2 to:**

Account Holder to Receive Transfer

Date: _____

Autism Speaks Canada
Acct #683-89002-12 (CUID DOMA, DTC code 5002),
Royal Bank Plaza, 200 Bay Street, North Tower, P.O.Box 75, Toronto ON M5J 2Z5

**Fax/e-mail
copy 3 to:**

Autism Speaks Canada

Date: _____

120 - 2450 Victoria Park Avenue
Toronto, ON M4T 1N5
Fax #416-362-6228, Ph# 416-362-6227 or 1-888-362-6227 ext 202
Attention: Jill Farber or Lena Trubnikova
jillfarber@autismspeaksca.ca / lenatrubnikova@autismspeaksca.ca

DONOR INFORMATION:

Please print clearly

Print Name

Address

Phone Number/e-mail

Signature

For Stock & Bond Donations

Account #: Autism Speaks Canada

Account Custodian: CUID: DOMA
DTC code 5002
Custodian Name: RBC Direct Investing Inc.
Custodian Account: 683-89002-12

Investment Manager: RBC Direct Investing Inc.
Royal Bank Plaza, 200 Bay Street, North Tower, P.O.Box 75, Toronto ON M5J 2Z5

_____ of _____ currently in account _____
units description of security acc't

_____ of _____ currently in account _____
units description of security acc't

_____ of _____ currently in account _____
units description of security acc't

For Mutual Fund Donations

Account #: 683-89002-12 Autism Speaks Canada

Transfers Group: CUID: DOMA
DTC code 5002

Investment Manager: RBC Direct Investing Inc.
Royal Bank Plaza, 200 Bay Street, North Tower, P.O.Box 75, Toronto ON M5J 2Z5

_____ of _____ currently in account _____
units name of fund acc't

_____ of _____ currently in account _____
units name of fund acc't

_____ of _____ currently in account _____
units name of fund acc't

GIFT DESIGNATION: Please indicate below if you would like to designate your gift for a specific purpose.

| | | | |
|--------------------------|-----------------------|--------------------------|---|
| <input type="checkbox"/> | Area of greatest need | <input type="checkbox"/> | Education / Awareness |
| <input type="checkbox"/> | Research | <input type="checkbox"/> | Family Services |
| <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | Autism Speaks Canada Walk Location: _____ |

THANK YOU FOR YOUR GENEROUS DONATION!