



The Pacific Alzheimer Research Foundation

1095 West Pender Street - Suite 210
Vancouver, BC V6E 2M6
Telephone: (604) 678-8138
www.PARF.com

Letter of Direction

I, \_\_\_\_\_, hereby make a donation of securities in kind.

Please transfer the following position:

Description (1): \_\_\_\_\_

Quantity: \_\_\_\_\_ CUSIP/ISIN: \_\_\_\_\_

Description (2): \_\_\_\_\_

Quantity: \_\_\_\_\_ CUSIP/ISIN: \_\_\_\_\_

Delivering Institution Information

Delivering Institution Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Delivering Institution CUID or DTC: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Receiving Institution

Receiving Institution: Credential Securities Inc.

Receiving Institution Address: 700-1111 West Georgia Street Vancouver, BC V6E 4T6

Account Name: The Pacific Alzheimer Research Foundation- Donation Account Account: 511-744A-1

CRA Charity Registration: 857987978RR0001 Receiving Institution CUID or DTC: CRED/5083

CDCC: 088 US OPTION CMTA: 0443 Contact: Johnnie Allan

Phone: (604) 643-2241 Fax: (604) 685-4425 Email: johnallan@cclgroup.com

Contributing Donor Contact Information

Donor's Legal Name (s): \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contributing Donor Authorization

Donor Signature: \_\_\_\_\_

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

Donor Signature: \_\_\_\_\_

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