c: Cha	rity Name	Youth Emergency Shelter Society of Edmonton - Operating Fund	Date:
Cha	rity Address	9310-82 AVE	
		EDMONTON AB T6C 0Z6	
FAX	:	780-466-1374 Email <u>giving@yess.orq</u>	
rom Client:	(Name & Address – please print clearly)		
e client name	e mentioned above, would like to dona	ate in-kind the following shares to Charity :	
	# of Shares	Name of Security	CUSIP#
	# of Shares	Name of Security	CUSIP#
	# of Shares	Name of Security	CUSIP#
	# of Shares	Name of Security	CUSIP #
	# of Shares	Name of Security	CUSIP#
	nation (athor than a danation).		
rpose/Desigi	nation (other than a donation):		
t's a donation	n check off this box		
Donating Fire	m's Information		
Insti	tution's Name		
mou	tation 3 Name		
Brok	er / Contact Name		
CUII	D Number		FINS Number (if any)
Clier	nt's account number (at above ins	titution)	
ese securitie	es are to be forwarded to the Cha	ity account at Investors Edge:	St
narity Accoun	t Number	760-16831-18	Please place Signature Verification stamp in the
UID WGI TC# 5030 ontact Name:	0	FINS # T079	
Kerry	Harty - B.Comm., CIM, FCSI First Vice-		
	: Iva Coscarella, Admin Assistan	Phone: (780) 429-8964, E-mail: iva.coscarella@cibc.ca	
cerely,			
ignature of D	onor/ Client)		
ote: We	e advise that you forward a cop well as the	y of this memo to your broker as e charity.	
her Broker In	nfo:		
		Yes	