



## IAM Donation Form

Please give this letter of authorization to your broker and forward a copy to:

Institute for Advancements in Mental Health  
300-95 King St. E.  
Toronto ON M5C 1G4

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

Donor Contact Information:

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

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

Telephone: \_\_\_\_\_

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

Delivering Broker Information (Donor's Broker Information):

Name of Institution: \_\_\_\_\_

DTC# \_\_\_\_\_ CUID# \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

**Electronic Transfer of Securities for Charitable Purposes**

Please accept this letter as your instructions for transferring the following securities from my account

**Description of Securities**

Quantity	Symbol/CUSIP	Security Description

To Institute for Advancements in Mental Health Brokerage

Name of Institution: Credential Securities c/o Connor, Clark & Lunn Private Capital Ltd.

DTC#: 5083 CUID#: CRED

Account Name: Institute for Advancements in Mental Health

Account Number: 523326A1

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

IAM Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please mail or email a copy of your completed form to Your Broker and IAM.

**IAM'S Contact Information**

Attn: Donna Thompson  
Institute for Advancements in Mental Health  
300-95 King St. E.  
Toronto ON M5C 1G4

**Email:** [info@iamentalhealth.ca](mailto:info@iamentalhealth.ca)

**Phone:** 416-449-6830

**Toll Free:** 1-800-449-6367

**Fax:** 416-449-8434