

## **TD Wealth Private Giving Foundation Deed of Gift Addendum Charitable Donation of Cash**

| discretionary right to use this gift during this hol<br>During the ten year period following my gift, the  | the "Endowment Gift") at for a period of not less than ten year ld period, as set out below. | absolutely to the Private Giving Foundation, subject to a arrs and the Private Giving Foundation shall have the oply for its charitable purposes such portion of the gift or ordance with its disbursement policy as amended from |
|--|--|---|
| Additional Information:  Please include any special instructions  Direction: Endowment Gift  I hereby give the sum of \$  condition that this gift shall be held and invested discretionary right to use this gift during this hold During the ten year period following my gift, the property substituted for it as determined by the I | the "Endowment Gift") at for a period of not less than ten year ld period, as set out below. | absolutely to the Private Giving Foundation, subject to a pars and the Private Giving Foundation shall have the apply for its charitable purposes such portion of the gift or   |
| Additional Information:  Please include any special instructions  Direction: Endowment Gift  I hereby give the sum of \$  condition that this gift shall be held and invested discretionary right to use this gift during this hold.   | the "Endowment Gift") at for a period of not less than ten yeard period, as set out below.   | absolutely to the Private Giving Foundation, subject to a<br>ars and the Private Giving Foundation shall have the   |
| Additional Information: Please include any special instructions  |  | licies.   |
| Additional Information:  |  | licies.   |
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| issuing an official donation receipt in compliance   |  | licies.   |
| issuing an official donation receipt in compliance   |  | licies.   |
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| ( )<br>Phone Number  | Citizenship  |   |
| City   | Province   | Postal Code   |
| Mailing Address  |  |   |
| First Name   | Initial La   | st Name   |
| ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Dr. ☐ Prof.   | ☐ Corporation ( <i>Provide photocopy</i>   | of Corporate Resolution and Articles of Incorporation.)   |
| tax receipt is to be issued to someone other th  | an the primary accountholder.)   | or section is ONLY to be completed if the charitable  |
|  |  | ement, Private Trust Team   |
| Phone number:  | <del></del>  | PGF   |
| Advisor Name:  | Account Name:  |   |
| Account Number:  | Accounts   | 0310903   |
| of the cheque)  Account Name:  | Branch:<br>Beneficiary:  | 29832<br>TD CANADA TRUST  |
| Giving Foundation (Deposit to TD Canada Trust bank account number 0303) and put the Donor-Advised account number and name on the   | 540-2983   | 77 Bloor St. West, 7th Floor, Toronto ON M5S 1M2 TDOMCATTTOR  |
| Please make the cheque payable to the Private  | Beneficiary Bank:  |   |
| TD BR to TD BR / 2983  Please make the cheque payable to the Private   | 10 Seliu via   | wire: (Canadian Funds) from other Financial Institution   |
|  | Additional Contribution  To send via   | Third Party Contribution  |

Instructions for faxing the completed Application Form can be referenced at the Private Giving Foundation Resource Centre.