GENERAL INSTRUCTIONS						
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York University Fax: (416) 650 - 8220						
Email: dangt@yorku.ca and heemadh@yorku.ca						
DONOR INFORMATION						
Donor Name				Plæse designate my gift to		
Name of Owner of Securities if Different From the Donor:						
Address:						
City: Provi			Provinc	ce:	Postal Code:	
Telephone:	Ext:	Fax:		Email:		
DESCRIPTION OF SECURITY						
Type: Publicly Listed Stock Bonds Debentures Other (Please Specify)						
Quantity:	Name of Security:					
CUSIP /Symbol (for Electronic	T)ansfer	CUID # (If Bor	nds):		CODE CTRA (If Government Bonds):	
Reference/Account #::				FINS#::		
BROKER INFORMATION (Name of Broker, Agent, or Custodian who will Effect the Transfer)						
Firm					Contact:	
Telephone:	Ext:	Fax:				