GENERAL INSTRUCTIONS										
Vork University	Fov: /	(446) 6E0	9220							
York University Fax: (416) 650 - 8220										
Email: dangt@yorku.ca and heemadh@yorku.ca										
DONOR INFORMATION										
Donor Name						Please designate my gift to				
Name of Owner of Securities if	f Differer	t From the Γ	lonor:		1	dage de	olgilati	o my gm	. 10	
Address:	Dilicio	it i form the E	01101.							
City:						vince:			Postal Code:	
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Telephone:		Ext:	Fax:			EII	nan.			
DESCRIPTION OF SECURITY										
Type: Publicly Listed Stock	Bon	ds	Debentures	Other	(Please S	Specify)				
Quantity: Name of Security:										
CUSIP /Symbol (for Electronic T)ransfer			CUID # (If Bonds):					CODE	CTRA (If Government Bonds):	
Reference/Account #::						FINS#::				
BROKER INFORMATION	(Name c	of Broker, Ag	ent, or Custodi	an who v	will Effect	the Tra	ınsfer)			
Firm								Conta	ct:	
Telephone:	Ext:		Fax:							