

FEAR NO AGE™

WIRE TRANSFER FORM

<u>Beneficiary Information</u>		<u>Beneficiary Bank Information</u>	
Beneficiary Name	<u>The Baycrest Centre Foundation</u>	Bank Name	<u>Royal Bank of Canada</u>
Beneficiary Address	<u>3560 Bathurst Street</u>	Bank Address	<u>5001 Yonge Street, 2nd Floor</u>
	<u>Toronto, ON M6A 2E1</u>		<u>North York, ON M2N 6P6</u>
Contact Name	<u>Karen Belinsky, CFO</u>	Bank Phone Number	<u>416-512-4600</u>
Telephone	<u>416-785-2500 ext. 3157</u>	SWIFT Code	<u>ROYCCAT2</u>
Fax	<u>416-785-2373</u>	Transit Number	<u>02874</u>
E-mail	<u>kbelinsky@baycrest.org</u>	Bank Account Number	<u>1007467</u>
		Institution Number	<u>003</u>

<u>Sender's Information</u>	
Sender Name (ie. Donor Name)	_____
Sender's Address	_____
Bank Name (optional)	_____
Transit Number	_____
Bank Account Number	_____
Currency (please check one)	<input type="checkbox"/> CDN <input type="checkbox"/> U.S. <input type="checkbox"/> Other (please specify) _____
Amount	_____
Date of Transfer	_____
Other Detail / Comments	_____

Donor Signature	_____
Date	_____

Please note: In order to avoid delays in processing, please fax a copy of the wire transfer form to Baycrest Foundation at 416-785-2373, Attention: Karen Belinsky