



DEED OF GIFT

Be it known that I, (name of donor) \_\_\_\_\_
of (address) \_\_\_\_\_
(city) \_\_\_\_\_ (postal code) \_\_\_\_\_ (phone) \_\_\_\_\_

Do hereby assign and transfer to the Sechelt Hospital Foundation, absolutely and unconditionally the following work(s) of art together with all applicable copyright, trademark, and associated rights of Donor therein to be the sole and exclusive property of the Sechelt Hospital Foundation for the Hospital's care, maintenance, display or disposition.

I am the sole owner of the work(s), and it is free of debt or lien of any kind. I formally request the Sechelt Hospital Foundation to accept the gift. When I purchased or created this work(s) it was not done with the intention to donate it. Details are as follows:

Artist \_\_\_\_\_ Nationality \_\_\_\_\_
Title \_\_\_\_\_ Date of Work (year) \_\_\_\_\_
Medium \_\_\_\_\_ Edition No. \_\_\_\_\_
Dimensions \_\_\_\_\_ Date purchased \_\_\_\_\_

Description of Framing \_\_\_\_\_

Digital photograph submitted:  Yes \_\_\_\_\_

Appraised by:

Gallery/Dealer \_\_\_\_\_ City \_\_\_\_\_

Current Market Value \_\_\_\_\_ Appraisal Date \_\_\_\_\_

Appraisal attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Yes, I certify that the above details are correct to the best of my knowledge.

\_\_\_\_\_  
Donor Date

\_\_\_\_\_  
Sechelt Hospital Foundation Date

\_\_\_\_\_  
Sechelt Hospital Foundation Treasurer Date

Receipt for income tax purposes required: Yes \_\_\_\_\_ No \_\_\_\_\_
Business Receipt (if donor is the artist): Yes \_\_\_\_\_

Please submit a digital photograph of the artwork to:
Sechelt Hospital Foundation
Email: sh.foundation@vch.ca
If you have any questions, please call: 604-885-8637.